



2019 Toddlers and 3's Summer Camp Early Care

(Ages 18 months– 3 years)

Thank you for choosing Montessori Community School for child's summer camp experience. Montessori Community School will be offering a Toddler Summer Program for children ages 18-35 months and a Primary Program for Children who are 3 years old. All children who have reached their 4th birthday are welcomed to enroll in our programs that are offered through our partnership with the Museum of Life and Science. Montessori Community School will be the Chapel Hill site for the Museum of Life and Science. If your child is 4 years of age or older please go to lifeandscience.org/register for more information. Below is a daily schedule for the Toddler and 3's Summer Programs. We will send you more information closer to start of camp explaining what items you will need to bring from home and who will be working each week of summer camp.

Tentative Daily Schedule

7:30-8:15	Early Care
8:15-8:30	Arrival Time (Students will have free time as they arrive)
8:30-9:00	Campers Group Meeting
9:00-9:15	Get Ready for Water Play for 3's (Mondays, Wednesdays, Fridays)
9:15-10:00	Outside Water Play for 3's (Mondays, Wednesday, Fridays) Outside or Gym Time (Tuesdays, Thursdays) <i>(Depending on the Weather)</i>
10:00-10:15	Change Clothes from Water Play for 3's (Mondays, Wednesdays, Fridays) / Snack Time
10:15-11:30	Group Activities or Individual Classroom Time
11:30-11:45	End of the Morning Time
11:45	Pick-up for Half-day Campers
12:00-12:45	Lunch for Remaining Campers
12:45-1:00	Clean-up Lunch / Prepare for Nap
1:00-2:30	Nap Time
2:30-3:15	Outside or Gym Time Depending on the Weather
3:15	Pick-up for Full Day Campers
3:15-5:45	Extended Day Program
5:45	Extended Day Pick-up



2018 Toddlers and 3's Summer Camp Application/Agreement

PLEASE USE A SEPARATE FORM FOR EACH CHILD:

This agreement is made and entered into between the Montessori Community School and
 (Print names of parents/guardians) _____

MCS hereby accepts _____ (Camper) whose birthdate is
 _____ (Student's D.O.B) for enrollment in the following program(s):

Please select which group your child will be attending:
 (Children must be toilet trained and able to take care of all toileting and clothes changing needs independently in order to attend camp in a the "3 Years Old" Program.)

Toddler (18-35 months) _____ **3 Years Old** _____

Week	Half Day 8:15 am – 11:45 am		Full Day 8:15 am – 3:00 pm		Extended Care 3:00 m pm – 5:45 pm		Early Care 7:30 am - 8:15 am	
	Prices	Attending	Prices	Attending	Prices	Attending	Prices	Attending
June 17-21	\$230		\$305		+\$65		+\$35	
June 24-28	\$230		\$305		+\$65		+\$35	
July 1-5	\$230		\$305		+\$65		+\$35	
July 8-12	\$230		\$305		+\$65		+\$35	
July 15-19	\$230		\$305		+\$65		+\$35	
July 22-26	\$230		\$305		+\$65		+\$35	
July 29-2	\$230		\$305		+\$65		+\$35	

Grand Total: _____

 (Name of Parent/Guardian) (Signature of Parent/Guardian) **Date:** _____

Registration Guidelines: (Please use a separate form for each child)

Complete this form, indicate the weeks and times you need, and return it, to the MCS office and write "Summer Camp" in the memo line. Summer camp enrollment is made on a first come, first-served basis. If a space is not available in camp, you will be placed on a waiting list. MCS reserves the right to cancel any week if minimum enrollment is not reached. In this case, full refunds will be made. **MCS can grant refunds only when received before May 24 2019. Each session change or refund comes with a \$30.00 change/cancellation fee per camp. After May 24, 2019 we are not able to process any changes or refunds.**



Waiver and Release

I certify that my child _____ is in good health and can participate in the daily activities of the MCS Summer Camp, unless otherwise notified.

1. I understand that the students will be under the care and supervision of the teacher(s) and other staff members. I hereby designate and authorize these persons to be responsible for my child. In the event medical care is required for my child, I authorize Montessori Community School and the teachers and staff members who participate in this camp: a) to provide first aid and to secure medical assistance for his/her benefit, b) to authorize any doctor, hospital, or other medical service provider to provide emergency medical treatment for him/her without my further consent, and c) to give or authorize non-emergency treatment to my child. I agree to pay for any such emergency or non-emergency treatment and I hereby release and hold harmless Montessori Community School, its agents and/or employees, from any and all liabilities arising from the administration of first aid and from the rendering of medical services by any doctor, hospital, or other medical service provider(s).

2. I will complete these forms, indicate the weeks and times needed, and return it, with a full payment to the MCS office, and put "Summer Camp" in the memo line. I am aware summer school enrollment is made on a first come, first-served basis. If space is not available in camp, my child will be placed on a waiting list. I understand that MCS reserves the right to cancel any week if a minimum enrollment is not reached. In this case, full refunds will be made. **I am aware MCS can grant refunds only when received before May 24 2019. Each session change or refund comes with a \$30.00 change/cancellation fee per camp. After May 24, 2019, MCS is not able to process any changes or refunds.**

3. I understand my child must have reached the age of 3 years old before starting the "3 years old" summer camp program. I am aware my child must be toilet trained and able to take care of all toileting and clothes changing needs independently in order to attend the "3 years old" summer camp program. All Toddlers must be at least 18 months old before starting summer camp.

4. I hereby release and hold harmless Montessori Community School and its employees, agents, officers, and principals, from any and all claims, losses, liability and expense, of whatever nature, whether for personal injury or property damage, and including litigation costs, attorneys' fees and other expenses and costs, which I and/or my child may have, which arise from or relate in any way to the programs at Montessori Community School, to the extent such claims may be waived under North Carolina law, which governs this document.

5. I understand and have explained to my child that participation in the camp is a privilege and that she/he must follow Montessori Community School rules and policies and also must follow directions given by teachers for and staff members. I understand that failure to do so may result in arrangements being made for my child to be sent home and/or removed from the Montessori Community School Summer Camp completely.

I acknowledge that I have read the foregoing document and that I have legal authority to sign it as parent/guardian of my child named above, and I understand that this is an Authorization and a Release of Potential Claims.

(Parent/Guardian)

(Date)

By signing below, I certify that my child's picture may be used by Montessori Community School for promotional purposes on the MCS website, Facebook, and in printed promotional materials.

(Parent/Guardian)

(Date)



Montessori Community School

Summer Camp Emergency Contact Form

Child's Full Name: _____

Child's D.O.B. _____

Child's Gender: M F (Circle One)

Parent #1: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Email: _____

Home Address: _____

Parent #2: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Email: _____

Home Address: _____

Emergency Contact: _____

Relationship: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Email: _____

Home Address: _____

Persons other than parents/guardians to whom child may be released:

Name: _____

Cell Phone: _____

Name: _____

Cell Phone: _____

Please let us know of any medical, physical, and/or emotional concerns and/or allergies: _____
