2019 PRE-SCHOOL SUMMER CAMP

PHOENIX MONTESSORI ACADEMY
Education & Imagination... Rising

704-875-2139
www.phoenixmontessori.org
info@phoenixmontessori.org
Phoenix Montessori Academy

Our mission is: To develop true scholars, life-long learners, and productive citizens of the world in a diverse atmosphere that incorporates Montessori principals; where students demonstrate respect and love of self, others, and their environment.

Our summer programs have been designed to help young people...
  * Develop their self-confidence and self-esteem
  * Become self-reliant and mature
  * Explore their talents and creativity
  * Discover a sense of wonder and appreciation for nature
  * Learn how to resolve conflicts peacefully and make new friends
  * Develop good habits of health and safety
  * Learn good sportsmanship

Phoenix Montessori Academy fully embraces diversity as a core value. The school does not discriminate against employees, applicants or students on the basis of race, religion, national or ethnic origin in its hiring practices or administration of its educational and admissions policies or any school-administered programs.
Preschool Camp

(Ages: 18 months – 5 years)
Some very lucky preschoolers will have the opportunity to spend a day in a cozy environment designed just for them. This camp will provide the children with a wealth of experiences, activities, and projects in a relaxed, yet stimulating, and nurturing environment. The children will engage in hands-on learning activities that will expose them to science, practical life skills, and sensory explorations. They will also engage in various art projects, games, nature studies, and much more.

Times:  
Half Day: 8:30 a.m. – 12:00 p.m.  
Full Day: 8:30 a.m. – 3:00 p.m.

Dates:  
June 17 – 21: Artful Antics  
June 24 - 28: Fun & Fitness  
July 8 - 12: Little Scientist  
July 15 - 19: Eric Carl Adventures  
July 22 – 26 Symphony of the 5 Senses  
July 29 – Aug. 2: Nature Explorers  
Aug. 5 - 9: Splish Splash

Cost:  
Half Day: $170.00 (per week)  
Full Day: $230.00 (per week)

Extended Care:  
7:30 a.m. – 8:15 a.m. ($15 per week)  
3:00 p.m. – 5:30 p.m. ($25 per week)
GENERAL INFORMATION

Camp Location:
12340 Mt. Holly-Huntersville Road
Huntersville, NC 28078

Hours of Operation
Monday – Friday….. 7:30 a.m. – 5:30 p.m.
Full Day Camp.......... 8:30 a.m. – 3:00 p.m.
Half Day Camp......... 8:30 a.m. – 12:00 p.m.
Pre-Camp................. 7:30 a.m. – 8:15 a.m.
Post-Camp............... 3:00 p.m. – 5:30 p.m.
All children not signed up for pre-camp should arrive between 8:15 a.m. – 8:30 a.m.

Session Dates for Preschool Camp
(one-week sessions)
June 17th – August 9th
Camp Closed the week of July 4th.

Enrollment Procedure
Campers are enrolled by the week, on a first come, first serve basis. Complete the registration form and emergency information, one per child. Return both forms along with your non-refundable deposit of $50 per week. Photocopies of the forms are acceptable. Completion of the registration form does not guarantee a space for camp. The camp agrees to reserve space for the child for the periods specified based upon availability.

Refund Policy
The enrollment is for the entire period specified and there will be no refunds or credits, except as follows: If the child is unable to attend due to serious illness or injury that is confirmed in writing by the child’s physician, the camp will refund or credit tuition for the number of consecutive days absent, with exception to the first five consecutive days of absence. If the minimum number of attendance is not fulfilled, a refund for the full amount will be issued. The dates for registration cannot be altered.

Lunch and Snack
All campers need to bring their own lunch and snacks packed in a brown paper bag with his/her name written on it. Please send in a water bottle daily. Lunch time is at 11:30. Please provide a list of food restrictions on camper’s emergency information sheet.

What to Bring?
All children ages 18 months to 5 years will need to bring a change of clothes, bathing suit, towel, and water shoes, a fitted sheet and blanket for the nappers, and diapers if necessary. Please make sure to label all your child’s belongings.

Pick-Up
We ask that you please arrive by noon (half-day) or 3:00 p.m. (full-day). A late fee will be charged to anyone who picks up their child(ren) after 12:15 p.m., 3:15 p.m., or 5:30 p.m. for the extended care program. The fee will be assessed at a rate of $15 for the first 15 minutes and $2 per minute thereafter.

Extended Care
Space is very limited! Extended care is only offered during the times specified under “hours of operation.”

Tuition
Tuition will be due on the Monday, one week prior to the start of each week for all camps by 4:00 p.m. A fee of $25 will be assessed to all late payments. In the event of late registrations, fees must be paid by the first day of camp. The camper may not attend camp unless all fees are up-to-date.
SUMMER ADVENTURES
Registration Form

CAMPER INFORMATION:
Child’s Name: ___________________ Birthdate: __________ Age, as of June 1st: ____ Male ☐ Female ☐
Address: _______________________________ City: ____________ State: _____ Zip Code __________
Email: ______________________________________________________________________________

FAMILY INFORMATION:
Parent/Guardian Name(s): ______________________________________________________________
Name of sibling(s) attending summer program: ______________________________________________

Please indicate the program(s) below in which you wish to enroll your child.

Toddler Camp: Full Day ☐ or Half Day ☐ Primary Camp: Full Day ☐ or Half Day ☐

* A minimum of 8 children must enroll before the class can be offered. You will be notified by June 1st, 2019 if a class is cancelled.

JUNE 17 - 21
☐ Artful Antics
☐ Pre-Camp
☐ Post-Camp
Deposit $_______

JUNE 24 - 28
☐ Fun & Fitness
☐ Pre-Camp
☐ Post-Camp
Deposit $_______

July 8 - 12
☐ Little Scientist
☐ Pre-Camp
☐ Post-Camp
Deposit $_______

JULY 15 - 19
☐ Eric Carl Adventures
☐ Pre-Camp
☐ Post-Camp
Deposit $_______

JULY 22 - 26
☐ Symphony of the 5 Senses
☐ Pre-Camp
☐ Post-Camp
Deposit $_______

July 29 – Aug. 2
☐ Nature Explorers
☐ Pre-Camp
☐ Post-Camp
Deposit $_______

Aug. 5 - 9
☐ Splish Splash
☐ Pre-Camp
☐ Post-Camp
Deposit $_______

Total Number of Camps: ____________  Total Amount Enclosed: $_________

I understand that a non-refundable deposit of $50 per class must accompany each student’s registration. All deposits will be applied toward the cost of the camp. I am aware that the balance for each camp is due by Monday, one week prior to the start of each session/week of camp by 4:00 p.m. in order for my child’s enrollment in the Summer Program to be maintained.

Note: This agreement must be signed by both parents/guardians if applicable.

Signature of Parent or Guardian: ___________________________ Date: ___________
Signature of Parent or Guardian: ___________________________ Date: ___________

Return form and payment to: Phoenix Montessori Academy, 12340 Mt. Holly-Huntersville Road, Huntersville, NC 28078 Questions? Call Phoenix Montessori Academy, 704-875-2139

FOR OFFICE USE ONLY:
Registration form received: ___________ Space available: ___________ Confirmation sent: ___________
**CAMPER EMERGENCY INFORMATION FORM**

(Please Print)

It is required, according to school policy and procedures that the following information is on file for your child no later than the first day of camp.

### CAMPER INFORMATION

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<th>Camper's Name:</th>
<th>Camp:</th>
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<tr>
<th>Mother's Name:</th>
<th>Home Phone #:</th>
<th>Daytime Phone #:</th>
<th>Cell #:</th>
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<th>Father's Name:</th>
<th>Home Phone #:</th>
<th>Daytime Phone #:</th>
<th>Cell #:</th>
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<th>Home Address:</th>
<th>City &amp; State</th>
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<th>Emergency Contact Name:</th>
<th>Home Phone:</th>
<th>Daytime Phone #:</th>
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<th>Physician's Name:</th>
<th>Physician’s Phone #:</th>
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Any Known Allergies:

Hospital of Choice:

### AUTHORIZED PERSON(S) ABLE TO PICK UP YOUR CHILD FROM CAMP

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<th>Name:</th>
<th>Home Phone #:</th>
<th>Daytime Phone #:</th>
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If your child does not return to his/her home after camp, please provide the following information:

Name of Care Provider:  Daytime phone #:

**Statement from parent(s):** If I am unavailable to do so myself, you have my permission to call the physician listed, and in the case of an extreme emergency, my permission to take my child to the hospital I have selected above. I understand that Phoenix Montessori Academy administration has the authority to determine situations of emergency and doctor need.

Patient/Guardian signature  Date

**Field Trip Release**

By executing this document, the undersigned parent authorizes Phoenix Montessori Academy to conduct and involve the child in field trips to public parks, historic sites, and commercial stores within Mecklenburg County.

Patient/Guardian signature  Date

**Photo Release**

I give my permission to Phoenix Montessori Academy to use photographs taken of the above named child at camp for promotional use.

Patient/Guardian signature  Date