

# Student Application



Today's Date: \_\_\_\_\_

Child's T-Shirt Size: [ ]XS [ ]S [ ]M [ ]L

**Please clearly print all information.**

Gender: [ ]Female [ ]Male

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Last First Initial

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Child's Birth Date \_\_\_\_\_

In which ways did you learn about Deer Path and our camp program? Please circle all that apply:

Road sign    web search    The Reporter    Chronicle    Observer-Tribune    Friend

<p><b>Camp Program</b> Please indicate the program of your choice</p> <p>[ ] Camp with Care—\$300 per week (full day camp plus additional hours as needed from 7 am to 6 pm)</p> <p>[ ] Full Day Camp—\$235 per week 9:00 to 2:30</p> <p>[ ] Half Day Camp—\$170 per week 9:00 to 12:00</p> <p>[ ] Extended hours at \$7 per hour Indicate expected needs _____ _____</p>	<p><b>Camp Dates—June 28-Aug. 27, except, Mon. July 5th. Please indicate dates of attendance below.</b></p> <p>[ ] June 28-July 2    [ ] July 6-9          [ ] July 12-16    [ ] July 19-23          [ ] July 26-30    [ ] August 2-6          [ ] August 9-13    [ ] August 16-20          [ ] August 23-27</p> <p><b>The minimum sign up required is two weeks. They do not need to be consecutive. We reserve the right to cancel any programs due to insufficient enrollment.</b></p>
<p><b>School will be closed Aug. 30th -Sept. 10th in order to prepare the building for the fall semester.</b></p>	

Background Information			
Father/Guardian Name		Mother/Guardian Name	
Business/Profession		Business/Profession	
Name of Employer		Name of Employer	
Employer's Address		Employer's Address	
Business Phone		Business Phone	
Cell Phone		Cell Phone	
Email		Email	

**Child's History**

Does your child have special physical or emotional needs? Please explain: \_\_\_\_\_

\_\_\_\_\_

Is your child receiving any treatment or medication regularly? Please explain: \_\_\_\_\_.

\_\_\_\_\_

Please circle to indicate if we may administer sunscreen. Yes      No

Does your child have allergies? Please explain: \_\_\_\_\_

\_\_\_\_\_

Is there anything else you'd like us to know about your child:

\_\_\_\_\_

**Transportation Authorization**

Please indicate those people who are authorized to transport your child to and from summer camp (exclusive of mother & father). Please include their relationship to your child and a phone number where they may be reached.

Person	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Deer Path Montessori School Summer Camp is open to children from 2 ½ to 6 years of age.

**Summer Camp Tuition and Fees:****Full Summer Needs:**

A non-refundable application fee of \$ 50.00 must accompany this application. A 50% deposit is due no later than May 15<sup>th</sup> with the remaining 50% payment due on June 15<sup>th</sup>. This applies to all ongoing needs.

**Last Minute Needs:**

We can accommodate late requests throughout the summer for families who are already registered into one of our school programs. Acceptance is based on availability of spaces. Camp tuition is due by the Friday before the start of the session.

**Early Bird Discount:**

The application fee will be waived if your application is received no later than **March 15<sup>th</sup>**. A \$50 value!

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For official use only**

Date Application Received \_\_\_\_\_ Amount Received \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Tuition Payment Received \_\_\_\_\_ Amount Received \$ \_\_\_\_\_ Check # \_\_\_\_\_