

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

Camp Program

Please indicate the program of your choice

- Camp with Care—\$300 per week (full day camp plus additional hours as needed from 7 am to 6 pm)
- Full Day Camp—\$260 per week
9:00 to 2:30
- Half Day Camp—\$195 per week
9:00 to 12:00
- Extended hours at \$7 per hour
Indicate expected needs _____

Camp Dates—June 28-Aug. 27, except, Mon. July 5th. Please indicate dates of attendance below.

- 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

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.

School will be closed Aug. 30th -Sept. 10th in order to prepare the building for the fall semester.

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 15th with the remaining 50% payment due on June 15th. 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 15th. 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 # _____

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