

Montessori Country School Presents...

Great Kids Camps Spring Break 2011!



Welcome to Great Kids Camps Spring Break 2011 at MCS!
We look forward to seeing you for your week off from school!

To enroll your child in camp at MCS, please submit the following registration packet:

Note: All tuition payments must be made to "Montessori Country School"

Schedule of Camp Groups Each Day

	Group 1 – Ages 3-9
Monday, April 18	Welcome to Spring Day
Tuesday, April 19	Safari Day
Wednesday, April 20	Glamour Day and Construction Day
Thursday, April 21	Luau Day
Friday, April 22	Halloween in April!
Monday, April 25	America Day

Pricing

6 days	8:45am – 12noon	\$150 per child
6 days	8:45am – 3pm	\$250 per child
6 days	8:45am – 5:30pm	\$325 per child

Great Kids Camps – Montessori Country School Spring Break 2010

www.greatkidscamps.net/MCS

866-677-8676

mcsherndon@greatkidscamps.net



Registration Packet – Spring Break 2010 Camp at MCS

Please complete one packet per child

Primary Guardian Name(s)	Guardian(s) Birthdate(s) (MM/DD/YY)	
Street Address		
City	State	Zip
Cell Phone:	Home Phone	
Work Phone:	E-mail address	
Child's Full Name	Gender	Birthdate (MM/DD/YY)

Are you a student at MCS? Yes _____

REGISTRATION – You can choose one week, one session, or all ten weeks!

Dates and Times of Session	Theme	Camp Fee	Total Fee
Spring Break – 6 days 9-3pm	Mixed Themes	\$300	\$300

Fees

Total Camp Fees (see pricing grid on prior page) \$ _____

Other Fees \$ _____

Grand Total \$ _____

MAKE ALL CHECKS PAYABLE TO MONTESSORI COUNTRY SCHOOL

Please fax your registration form to Great Kids Camps at 866-677-8676 or deliver to MCS. Call 866-677-8676 for more information.



Authorized Persons to Pick up Child From GKC

List at least two contacts (excluding parents listed above) authorized to be notified if parent cannot be reached due to a medical emergency, or if the child is left at the program beyond program hours. Please provide two persons authorized to take child from the program.

Name of Contact/Authorized	Relationship to Child	Address (Street, City, State, Zip)	Telephone

ALL INDIVIDUALS PICKING UP A CHILD FROM THE SITE MUST PRESENT A CURRENT FORM OF PHOTO ID. This will be required until our staff is familiar with you. However, substitute staff is necessary at times, therefore, we strongly encourage that all authorized individuals carry a photo ID each time the child is picked up from the program.

List any person NOT authorized to pick up child* _____

Is there a Custody Agreement? _____ Yes _____ No

*Copy of Court Order Custody Decree Must Be Attached

Parent Questionnaire

- 1) What are your goals for your child? _____

- 2) Has your child ever been asked to leave a preschool program or child care center? _____
If yes, please explain _____
- 3) Is your child toilet trained? _____ Does your child wear diapers at night? _____
- 4) Does your child have any allergies? Please explain with severity levels: _____

- 5) What language(s) are spoken at your home? _____
- 6) What is your discipline philosophy with your child? _____

- 7) Does your child have any fears? _____
- 8) Is there anything else we should know about your child? _____



Program Enrollment Agreement

Please carefully read and sign below.

- I understand that I am committing my child to participate in the spring break camp program for 2010. **I understand that there are absolutely no refunds of program fees or other fees for any reason.** Should my child be unable to attend camp on any days enrolled, I will give written notification to the Great Kids Camps (“GKC”) Camp Director.
- 100% of payment must be secured to reserve your space. There are only 20 spaces available in the Spring Break camp.
- I understand that I am financially responsible for the services of care regardless if my child actually attends the program, even in the event of illness.
- I understand that my child will not be released to any person(s) not listed on the enrollment form. In case of an emergency, an emergency plan will be followed.
- I understand that my child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.
- I understand that my child must be signed in and out daily by myself or my designee (as listed on the enrollment form).
- If my child is experiencing problems in the program, a conference will be arranged between the parent, staff, and Camp Director.
- I understand that my child may be photographed while at camp and that those pictures may be used by MCS or GKC for marketing purposes. I will cross this line out of I withhold this permission.
- GKC reserves the right to terminate camp services if it is determined the placement is unsatisfactory.
- I understand that in the event that camp is cancelled or dismissed early due to unfavorable conditions (such as bad weather, water main break, etc.) there is **no refund** for services
- All information provided at the time of enrollment is complete and accurate. False or incomplete information may lead to termination of services.
- I understand that GKC will communicate and collaborate with the parents on an ongoing basis about my child(ren) and their individual needs while enrolled in the program.
- I understand that if any of the information above changes, it is my responsibility to notify both GKC and the Camp Director in writing immediately.
- I grant permission for my child to be transported by GKC or Montessori Country School (“MCS”) for activities, including swimming and field trips. I understand that notice of such outings will be posted prior to any trip. In case of an emergency (Weather, Biohazard, etc.) where my child needs to be transported, I give permission for GKC to transport my child to a safe location.
- **I have received, read, and agree to abide by all the policies, procedures, and fee requirements as outlined above and in the registration packet. I will make all authorized individuals aware of the policies and procedures as stated above, in the parent handbook, and the behavior agreement.**

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

EXPLAINED BY: _____ DATE _____

Please carefully read and sign below.

My signature authorizes the management and staff of Great Kids Camps at MCS to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. By my signature I hereby waive, release and hold harmless Great Kids Camps and Montessori Country School, as well as their management, volunteers, agents, and staff from any and all liability for any injuries, death or illness sustained and/or incurred while at Camp and/or while using any facilities of, or participating in any of the activities of Great Kids Camps at MCS. I/we grant permission for emergency medical treatment and/or routine medical care by GKC camp staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases Great Kids Camps and Montessori Country School from any and all liability and/or financial responsibility for any medical expenses incurred.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

EXPLAINED BY: _____ DATE _____



Other Needed Information

Medical Insurance Information	Insurance Company	Group #
	Policy Holder's Name	Policy #
Physician Information	Doctor's Name	Phone
	Street Address	City, State Zip
Most Recent Tetanus Shot	Date:	

Please list and describe any allergies, special medical or physical conditions or problems GKC should be aware of, including chronic health problems:

List instructions to be taken in the event of an emergency allergic reaction:

List any special medications for chronic problems and/or restrictions for child's care below:

Use the space below to note any habits, language, or special conditions that GKC should be aware of:

In emergencies requiring immediate attention, your child will be taken to the nearest hospital emergency room. Your signature below authorizes a representative of GKC to have your child transported to that hospital.

Medication: If your child will need to take medication during program hours, a Medication Authorization form must be completed. The Medication Authorization form includes space for the staff to record administration of the medicine. Do not send medications with the child. Medicine must be handed to a staff member by the parent. All medicines must be kept by the staff in the locked medicine box. Children are not permitted to keep medications in their book bags or pockets.

Prescription medications must be in the original container and labeled with the child's name, instructions, including time and amounts for dosages, and the physician's name. All non-prescription medication must be in the original container and labeled by the parent(s) with the child's name and instructions for administration, including times and amounts for dosages.

To my knowledge, my child is in good health, free of disabilities that would endanger him/her or other children in care.

SIGNATURE OF
PARENT/GUARDIAN _____

DATE _____ / _____