

SUMMER 2019

ART CAMP

WITH MR. CHAPMAN AND MISS RUSSELL

Together with our Art Teacher/Puppeteer, Mr. Chapman and our Librarian/Writer, Miss Russell, students will be writing, storyboarding, making comic books and making puppets.

TIME

8:30 - 11:30 a.m.

CAMP DATES

Monday - Thursday, June 17 - 20

Monday - Thursday, June 24 - 27

FOR STUDENTS CURRENTLY IN GRADES

1st - 8th

(during the 2018-19 school year)

COST

\$20 (one time) materials fee, plus:

\$90/for one week

\$160/for two weeks

And a donation of at least one of the following materials:

Newspaper, cardboard, decorative paper (wrapping paper, wallpaper, etc.),
and colored paper.



Please complete registration form on reverse side.

2019 Art Camp Registration Form

Child's Name _____ () Male () Female

Child's Birthdate _____ Child's 2018-2019 Grade Level _____

Parent/Guardian Name _____ Signature _____

Please indicate which week(s) your child will attend and return this form to The Montessori Academy front office, no later than May 27th, with check payable to: The Montessori Academy

_____ JUNE 17-20 _____ JUNE 24-27

\$90/for one week; \$160/for 2 weeks;
plus a one-time \$20 materials fee

Office Use

pd. \$ _____ ck# _____

date _____ staff initials _____

All families must complete Parent/Guardian's Contact Information; Emergency Contact Information and Authorization and Consent for Medical Treatment.

Parent/Guardian's Contact Information

Address _____

City/State/Zip _____ Home Phone _____

Work Phone _____ Cell Phone _____

Alternate Phone _____ Email _____

Emergency Contact Information

The school may contact the following person if unable to reach a parent. *(All families are required to list an emergency contact person other than the parents.)*

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____

Authorization and Consent for Medical Treatment

Child's Name _____

In the event that I am unable to be reached, I hereby authorize Mr. Chapman or Miss Russell to sign on my behalf any and all forms required in order to obtain emergency medical or hospital care for my child named above, and I specifically authorize and request that necessary emergency treatment be provided by you to my child. I realize that I am responsible for payment for such emergency care. A photocopy of this Authorization and Consent for Medical Treatment shall have the same force and effect as the original.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Printed Name _____

Printed Name _____