

Far Horizons

Summer Adventure Camp 2011

June 6 to July 22

Ages 2.5-9yrs

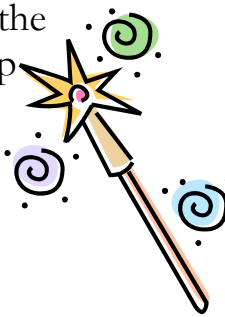
Space Camp ~ June 6-17

Your child will be on cloud nine as we discover what it's like to be an astronaut, explore our Milky Way, and create our very own alien pals!



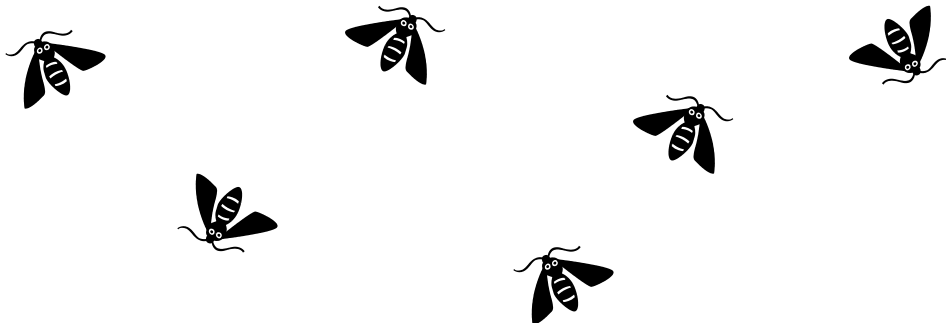
Fairy Tale Theater ~ June 20-July 8

Break a leg!! Join us as we become masters of the theater on stage and off. This imaginative camp encourages children to explore the basics of storytelling, set design, puppetry, costuming, and performance.



Bugs-a-Mania ~ July 11-22

Discover the world of creepy-crawlers through literature-based arts and crafts, music & dance, and cooking fun!



Come join in on the excitement and fun!

Far Horizons Montessori's summer camp is for children ages 2 to 9 years old. The camp serves Far Horizons' students as well as children from throughout the community. Each week will include picnics, loads of laughter, tons of fun, and a catered luncheon every Fantastic Friday!!

Summer Scholars

(1:00 – 3:00pm for ages 5-9 years old)

Academic enrichment is offered daily during all weeks of summer camp

****Private tutoring is also available.****

For additional information: Call 229.438.0192 or visit us at www.farhorizonsschool.com

Please enroll my child _____ in Far Horizons Montessori's Summer Camp 2011.

My child will attend the following session:

		<u>Total</u>	<u>Monthly Payments</u>
<input type="radio"/>	Morning Camp	8:30am - noon	\$700 \$350
<input type="radio"/>	Full Camp Day	8:30am - 3:00pm	\$1070 \$535
<input type="radio"/>	Extended Camp Day	7:40am - 5:00pm	\$1276 \$638
<input type="radio"/>	Weekly Rate	(all sessions)	\$200

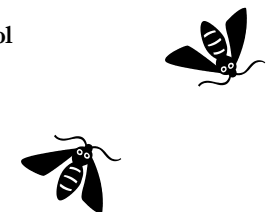
Enclosed is my application and non-refundable registration fee of \$50. I understand that I will be obligated for the total summer tuition at the rate stated above with no deduction for absences.

The first of two equal tuition payments will be due by June 1st and the second by July 1st.

Parent's Name _____ Parent's Signature _____ Date _____

Tuition payments are to be mailed to:

Far Horizons Montessori School
PO Box 71273
Albany GA 31708



FAR HORIZONS MONTESSORI SCHOOL

Student Application / Enrollment Form

Entrance Date _____ E-mail _____

Personal Information

Name _____ Sex _____ Age _____ DOB _____
Last First Middle

Home Address _____ Phone (____) _____
Number and Street City State Zip Code Area Code/ Phone #

Child's Educational Background _____

Other Significant Activities _____

Explain any physical disabilities, allergies, or special needs in which require special attention or would in any way limit participation in school activities. _____

List any special accommodations that may be required to most effectively meet your child's needs while at Far Horizons: _____

General Health _____ Continuous Medication _____

Child's Physician or Clinic's Name _____ phone _____

Child's Dentist or Clinic's Name _____ phone _____

Names / Ages of Other Children in the Family _____

Child's Living Arrangements Both Parents Mother Father Other

Child's Legal Guardian Both Parents Mother Father Other

Father's Full Name _____ Work # _____

_____ Cell # _____

Occupation / Place of Employment Educational Background Other # _____

Mother's Full Name _____ Work # _____