



Summer Camp 2018

Where arts, crafts and imagination soar!

Ages 2-9



Help your child *bridge the academic gap* between school years with reading and math enrichment and *loads of fun* at Far Horizons Montessori's Summer Camp. The camp serves Far Horizons Montessori students as well as children from throughout the community. Each week will include: *arts & crafts, music, dance, stories, games, yoga, water play & more!*

Please enroll my child in Far Horizons Montessori's 2018 Summer Camp.

Child's Name _____

- ✚ Enclosed with this application is my registration fee of \$50.00. Registration fees are NON-REFUNDABLE and represent the Parent's commitment to the School to pay the full summer tuition. No deduction in tuition can be made for absence, or vacation.

My child will attend the following session:

Half Day **Camp Day** **Extended Day**

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

Tuition & Fees

	<u>Total Discounted Payment</u> Due in full by June 1, 2018	<u>2 Monthly Payment</u> Due: June. 1, & July 1, 2018
<u>Half Day (8:30 -12:00)</u>	\$900.00	\$475.00
<u>Camp Day (8:30- 3:00)</u>		
2 yr. olds to K-4	\$1325.00	\$700.00
Kindergarten – Grade 3	\$1385.00	\$730.00
<u>Extended Day (7:40 – 5:00)</u>		
2 yr. olds to K-4	\$1555.00	\$815.00
Kindergarten – Grade 3	\$1615.00	\$845.00



Far Horizons
Montessori School

Summer Application / Enrollment Form

Entrance Date _____ E-mail _____

Child's 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 # _____

Occupation / Place of Employment Educational Background Cell # _____
Other # _____

Mother's Full Name _____ Work # _____

Occupation / Place of Employment Educational Background Cell # _____
Other # _____

Enroll For: Half Day _____ Full Day _____ Extended Day _____

****CHILD MUST BE POTTY TRAINED****

Signature (Parent/Guardian) _____ Date _____



Student Release

Mother's Name _____ Email _____

Mother's Phone Numbers:

Work # _____ Cell # _____ Other # _____

Father's Name _____ Email _____

Father's Phone Numbers:

Work # _____ Cell # _____ Other # _____

My child may be released to the person(s) signing this agreement and to all the following people:

Name	Address / Telephone Number
_____	_____
_____	_____
_____	_____
_____	_____

Additionally, these people may be contacted in case of an emergency when parents cannot be reached. My child may also be released to the following people.

Name	Address / Telephone Number
_____	_____
_____	_____

Signature (Parent/Guardian) _____ Date _____

Signature (Parent/Guardian) _____ Date _____



Emergency Medical Authorization

Should my child, _____ suffer an injury or illness while in the care of Far Horizons Montessori School and the facility is unable to contact me immediately, the responsible person at Far Horizons Montessori School shall be authorized to secure such medical attention and care for my child as may be necessary. I (we) agree to keep Far Horizons Montessori School informed of any change in telephone numbers, etc. where I can be reached.

Far Horizons agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's primary source of health care is:

Physician's Name _____

Phone _____

Hospital Preference _____

Known medical conditions (i.e. diabetic, asthmatic, drug allergies)

Signature (Parent or Guardian) _____

Date _____

IN EMERGENCIES REQUIRING IMMEDIATE MEDICAL ATTENTION, YOUR CHILD WILL BE TRANSPORTED BY AMBULANCE TO THE NEAREST HOSPITAL EMERGENCY ROOM. YOUR SIGNATURE AUTHORIZES THE RESPONSIBLE PERSON AT FAR HORIZONS MONTESSORI TO HAVE YOUR CHILD TRANSPORTED TO THAT HOSPITAL. IN ADDITION, THE PERSONS YOU HAVE INDICATED TO BE CONTACTED IN AN EMERGENCY ARE AUTHORIZED TO TRANSPORT YOUR CHILD TO YOUR HOSPITAL PREFERENCE.

SIGNATURE

DATE

IN THE EVENT THAT NEITHER YOU (THE PARENTS OR GUARDIANS) NOR THE FAMILY PHYSICIAN CAN BE CONTACTED IMMEDIATELY IN AN EMERGENCY SITUATION, DO YOU AUTHORIZE THE EMERGENCY ROOM STAFF AT THE NEAREST HOSPITAL TO PROVIDE EMERGENCY CARE FOR YOUR CHILD? YOUR SIGNATURE AUTHORIZES SUCH EMERGENCY CARE.

SIGNATURE

DATE



Parental Agreement

Far Horizons Montessori School agrees to provide school / childcare for _____
Name of Child
on _____ from _____ a.m. to _____ p.m. from _____ to _____
Days of Week Enrollment Date end of school yr. or term

1. I, the Parent, am responsible for providing nutritious meals and snacks while my child is enrolled at Far Horizons Montessori School in accordance with school policy.
2. Before any medication is dispensed to my child, I, the Parent, will provide a written authorization which includes current date, name of child, name of medication, prescription number (if any), dosage, & date and time of day medication is to be given.
3. My child (or carpool children) will not be allowed to enter or leave the School without being escorted by his/her parent(s), person authorized by parent(s), or School personnel.
4. I, the Parent, acknowledge that it is my responsibility to keep my child's records current so that they accurately reflect any significant changes as they occur (e.g. telephone numbers, work location, emergency contacts, child's health status, and up to date immunization records, etc.)
5. The School agrees to keep me informed of any incidents, including illness, injuries, adverse reactions to medications, exposure to communicable diseases, which affect my child.
6. Far Horizons Montessori agrees to obtain written authorization from me, the Parent, before my child participates in routine transportation, field-trips, special activities away from the facility, and water related activities occurring in water that is more than two (2) feet deep.
7. Pictures and/or videos of our students will occasionally be taken by our staff and/or parents of Far Horizons Montessori School for our scrapbook, yearbook, web page, blog, promotional ads, and other school related publications. Additionally, some pictures may be available on Shutterfly or a similar site for parents to download. Written notification is necessary if you **do not** wish for your child's picture to be included in any of these mediums. (Names will not be printed in reference to any picture.)
8. I, the Parent, agree to release and hold harmless the School, its agents, and employees for any claims, damages, liabilities or injuries to the Students which are not the results of gross negligence by the School, its agents, or employees.
9. I, the Parent, have read the Parent Handbook. I agree to abide by the policies stated here on this Parental Agreement and all the policies and procedures of Far Horizons Montessori School. (The Parent Handbook is available on the Parent's Page of our school website. www.FarHorizonsSchool.com)

Signature (Parent Guardian) _____

Date _____

Signature (Facility Administrator) _____

Date _____