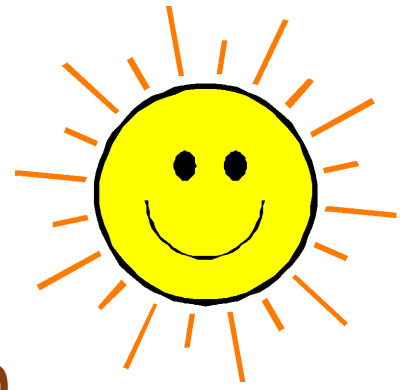




Aster Montessori



## Summer Camp 2020

Keep your child busy throughout the summer!

July 6 - August 21, 2020

8 weeks of fun!

Open Monday through Friday 9:00 AM- 6:00 PM (except holidays) with several schedule options for children age 3 years to 6 years.

(Some camp themes may change depending on availability of the specialty teachers)

Camp	Camp Dates	Theme
Camp 1	July 6 – July 10 (5 days)	Gardening
Camp 2	July 13 – July 17 (5 days)	Board games and Lego
Camp 3	July 20 – July 24 (5 days)	Sports
Camp 4	July 27 – July 31 (5 days)	Art
Camp 5	Aug. 3 – Aug. 7 (5 days)	Mad Science
Camp 6	Aug. 10 – Aug. 14 (5 days)	Water Play
Camp 7	Aug. 17- Aug 21 (5 days)	Fun with Playdough



Aster Montessori

## Summer Camp Fees, 2020

Full-time (9:00 AM - 3:00 PM)			Additional charges Drop-in care \$14/hour upon availability
Days per week	Schedule	Weekly tuition	
5	M, T, W, Th, & F	\$300	
3	M, W, F	\$260	
2	T & Th	\$230	
<hr/>			
AM Part-time (9:00 AM – 12:00 PM)			
Days per week	Schedule	Weekly tuition	
5	M, T, W, Th, & F	\$270	
<hr/>			
PM Part-time (12:30 PM - 3:00 PM)			
Days per week	Schedule	Weekly tuition	
5	M, T, W, Th, & F	\$250	

This is a sample for our summer camp. Camps or prices are subject to change.

Camps like Karate may have additional charges.

Registration for 2020 Summer camp will begin March 1<sup>st</sup>.

For additional schedule options, please contact the school at [info@astermontessori.com](mailto:info@astermontessori.com)



# Aster Montessori

## Summer Camp Registration, 2020

Please do not fill this form if your child already has records at Aster Montessori, fill only camp agreement form with schedule.

GENERAL INFORMATION		
Child's Full Name:	Nick name:	
Child's Birth Date:	Age:	Gender:
Does child live with Both parents: Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, with whom:	
Address:	Home Phone:	
Mother/Guardian Full Name:	Cell Phone:	Work Phone:
	Email:	
Mother/Guardian Employer:	Employer's Address:	
Father/Guardian Full Name:	Cell Phone:	Work Phone:
	Email:	
Father/Guardian Employer:	Employer's Address:	
EMERGENCY CONTACTS (other than parents) AUTHORIZED TO PICK UP YOUR CHILD		
Full Name:	Relationship:	
Address:	Home Phone:	
	Cell Phone:	
Full Name:	Relationship:	
Address:	Home Phone:	
	Cell Phone:	

**MEDICAL INFORMATION AND CONTACTS**

Physician's Name:	Phone:	Date of last exam:
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Address:	Date of last Tetanus or DTAP Immunization:
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Medical Insurance:	Insurance Number:	Preferred Hospital:
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Dentist's Name:	Phone:	Date of last exam:
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Allergies: (In case of allergies, please fill additional form signed by allergy doctor)	Dietary Preferences:
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Medical and/or Social/Emotional/Behavioral Challenges if any:

**BACKGROUND INFORMATION**

Last school attended:  
Phone:  
Address:  
  
Reason for school change:

Has your child been evaluated for Special Education? (Gifted or learning disability including speech or language)	<input type="checkbox"/> Yes <input type="checkbox"/> No      Specify if any:
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If yes, please explain:  
(submit a copy of the evaluation)



# Aster Montessori

## Summer Camp Agreement Form, 2020

Child's name:		<i>First</i>	<i>Middle</i>				<i>Last</i>	
		Mon.	Tue.	Wed.	Thu.	Fri.	Aft. Care 3-5pm	Charges
Camp 1 (Music) June 22 – June 26	9 AM - 12 PM							
	12:30 PM-3:00 PM							
	9 AM – 3 PM							
Camp 2(Gardening) July 6 – July 10	9 AM - 12 PM							
	12:30 PM-3:00 PM							
	9 AM - 3 PM							
Camp 3 (Board games & Legos) July 13– July 17	9 AM - 12 PM							
	12:30 PM-3:00 PM							
	9 AM - 3 PM							
Camp 4 (Sports) July 20 – July 24	9 AM - 12 PM							
	12:30 PM-3:00 PM							
	9 AM - 3 PM							
Camp 5 (Art) July 27– July 31	9 AM - 12 PM							
	12:30 PM-3:00 PM							
	9 AM - 3 PM							
Camp 6 (Mad Science) Aug. 3– Aug. 7	9 AM - 12 PM							
	12:30 PM-3:00 PM							
	9 AM - 3 PM							
Camp 7 (Water Play) Aug. 10 – Aug. 14	9 AM - 12 PM							
	12:30 PM-3:00 PM							
	9 AM - 3 PM							
Camp 8 (Fun with Playdough) Aug. 17– Aug. 21	9 AM - 12 PM							
	12:30 PM-3:00 PM							
	9 AM - 3 PM							
<b>Registration</b>							\$25.00	
							<b>Total</b>	

Please attach a check with this form, or write charge our account (current families).

Fee: \$ _____ per _____ <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	Date payment due: _____ Source of payment: <input type="checkbox"/> Parent <input type="checkbox"/> Other (specify): _____
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Overtime rate: \$ 2.00 per minute	Late fee: \$10.00 per day
Description: NSF Check \$25 per occurrence	
I agree to promptly notify Aster Montessori of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated. I have read, understand and agree to comply with Aster Montessori parent handbook policy and procedures and information for parents given to me. I agree to follow all policies mentioned in parent handbook.	
Parent or guardian signature	Date
Parent or guardian signature	Date

**LIABILITY RELEASE FORM**

The undersigned has enrolled \_\_\_\_\_ to attend Aster Montessori activities and participate in the programs offered. In consideration, the undersigned releases and discharges Aster Montessori, it's officers and employees from liability of any kind to the child or the undersigned for any loss or injury to the child while participating in school or extended day program activities. The undersigned agrees that this release is intended to be as broad as permitted under the law of the State of Washington and if any part of application is found unenforceable the remainder may be enforced in full.

Parent Signature:	Date:
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**CONSENT FOR EMERGENCY TREATMENT/FIELD TRIP PERMISSION**

I hereby give permission for my child \_\_\_\_\_ to:

- Be given emergency treatment by a qualified staff member at Aster Montessori.
- Be transported by ambulance or aid car to an emergency center for treatment.
- Receive medical, surgical and hospital care, treatment and procedures by all licensed physicians or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.
- Participate in, in-house field trip OR go on field trips scheduled and supervised by Aster Montessori for additional charges.

Parent Signature:	Date:
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**PICTURE/PHOTO PERMISSION FORM**

I hereby give permission to Aster Montessori for my child \_\_\_\_\_ to

- Take my child's pictures at the school/class during work time and use for website/flyers/Facebook/newsletters  
 Yes                                       No
- Take my child's pictures for school related projects/yearbook only.  
 Yes                                       No

Parent Signature:	Date:
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**ANIMAL PERMISSION FORM**

I hereby give permission to Aster Montessori for my child \_\_\_\_\_ to

- Be in same environment where a dog will be present, and my child may interact with the dog:  Yes       No
- My child is allergic to dogs:  Yes       No

Parent Signature:	Date:
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# Aster Montessori

## Summer Camp Policies 2020

Please read the Parent/School Contract and initial in the grey box of each section. By initialing each section and signing this contract you are accepting the terms.

Child's Full Name:	Parent/Guardian Full Name:
<b>SIGN-IN/ SIGN-OUT</b>	<b>INITIAL:</b>
I agree to check my child in/out each day. It is my responsibility to contact the office if I forget.	
<b>TOILET TRAINING</b>	<b>INITIAL:</b>
To attend summer camp, my child needs to be completely toilet trained and independent (no help needed) in the bathroom.	
<b>SCHOOL POLICIES, TUITION AND WITHDRAWAL AGREEMENT</b>	<b>INITIAL:</b>
<ol style="list-style-type: none"> <li>1. I agree to pay Aster Montessori a non-refundable registration fee the camp fees in advance, and any other charges due. The fees are refundable only if the school is informed 30 days in advance.</li> <li>2. Schedule changes cannot be accommodated after registration. Participation on additional days is subject to availability.</li> <li>3. A \$25.00 fee will be applied for all returned checks.</li> <li>4. If child dropped off before the designated drop-off time or picked up after the designated pick-up time, a charge of \$14.00 per hour or portion of any hour will be applied. Drop in care needs advance notice as much possible.</li> <li>5. I will follow all school policies; policies may change anytime during the year.</li> <li>6. I am aware that, failing to follow school policies will result in disenrollment of my child from Aster Montessori summer camp with or without notice from the school.</li> <li>7. I will read all school communication e-mails, newsletters, etc.</li> <li>8. I will pack a snack and lunch for my child.</li> </ol>	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>