

SETON MONTESSORI SUMMER CAMP 2011 APPLICATION

Child's Name _____ Birth Date ____ / ____ / ____

(First) (Last)

Street Address _____

City, State, Zip _____

Home Phone: (_____) _____

Gender: (circle one) M / F

Please list any of the child's allergies, medications or special situations: _____

1. CHOOSE SESSION(S): A Minimum Enrollment of One Session is Required.

- June 13 – June 30
- July 5 - July 22
- July 26 - August 12

2. CHOOSE PROGRAM: (tuition cost is per session)

Young Toddlers (15 months-2 years)

- Half Day 8:45 a.m. – 11:15 a.m. \$470
- All Day 9:00 a.m. – 4:00 p.m. \$840

Toddlers (2-3 years)

- Half Day 8:45 a.m. – 11:15 a.m. \$410
- All Day 9:00 a.m. – 4:00 p.m. \$720

Preprimary (3-6 years)

- Half Day 8:30 a.m. – 11:30 p.m. \$380
- All Day 9:00 a.m. – 4:00 p.m. \$690

Extended Day (3-12 years)

- Preprimary 11:30 a.m. – 1:30 p.m. \$230
- Elementary 11:45 a.m. – 1:45 p.m. \$230

Lower Elementary (6-9 years)

- Half Day 8:45 a.m. – 11:45 a.m. \$465
- All Day 9:00 a.m. – 4:00 p.m. \$835

Upper Elementary (9-12 years)

- Half Day 8:45 a.m. – 11:45 a.m. \$465
- All Day 9:00 a.m. – 4:00 p.m. \$835

3. CHOOSE DAYS:

Young Toddler, Toddler and Preprimary Campers have the option of choosing 5, 4 or 3 days per week. Days are based on availability. Please call the office for prorated rates.

- 5 Days 4 Days 3 Days Please list preferred days: _____

4. CHOOSE ADDITIONAL HOURS:

- Additional Hours between 7:00-9:00 a.m. and 4:00-6:00 p.m. (All Day Campers Only)
- | | |
|---|---|
| Young Toddlers \$130 per hour (per session) | Preprimary \$120 per hour (per session) |
| Toddlers \$125 per hour (per session) | Elementary \$115 per hour (per session) |

(Requested hours: _____ to _____) Total # of Additional Hours _____

- * One session of tuition must accompany the application
- * NO REFUNDS are issued after the start of the session
- * 20% discount for siblings on the lesser tuition.
- * Check, Money Order or Visa/MasterCard accepted

I want my child enrolled in Seton Summer Camp.

Stop by the Seton Office for information on:

- *Discovery Camp on July 1st, 25th & August 15th -26th*
- *Parent-Child Class*
- *Infant Care Program*
- *Leader In Training (LIT) Program (12-15 year olds)*

Parent or Guardian Signature (required)

Date

(OVER)

PARENT/GUARDIAN INFORMATION

Mother's Name _____

Address (If different than child): _____

Cell Phone: (_____) _____ Work Phone: (_____) _____

Occupation: _____ Company: _____

Father's Name _____

Address (If different than child): _____

Cell Phone: (_____) _____ Work Phone: (_____) _____

Occupation: _____ Company: _____

E-mail for Camp Communication: _____

(Please provide an e-mail address to be used for weekly camp updates)

LOCAL EMERGENCY CONTACT INFORMATION

Seton will always attempt to contact the parents first.

Those listed are authorized to pick-up the student in the case of an emergency.

Emergency / Pick-up Authorization #1: _____

Relationship to the child: _____ Cell Phone #: (_____) _____

Home Phone#: (_____) _____ Work Phone #: (_____) _____

Emergency / Pick-up Authorization #2: _____

Relationship: _____ Cell Phone #: (_____) _____

Home Phone#: (_____) _____ Work Phone #: (_____) _____

Child's Shirt Size: 2T 3T 4T Youth 2/4 Youth 6/8 Youth 10/12 Youth 14/16

FOR OFFICE USE ONLY: Amount Received: \$ _____ Check #: _____ Date: _____

DB: _____ QB: _____ Notes: _____