## **MONTESSORI COUNTRY SCHOOL**

P.O. Box 272, Herndon, VA 20172-0272, 703-437-8285

## **CAMP APPLICATION – SUMMER 2024**

Child's Full Name									Nick	mame				Birth I	Date		
Street Address										City				State		Zip	
Proof of legal custody is required if:			d if:	Guardians listed below are not the parents OR				If <u>both</u> parents are NOT listed									
Mother/Guardian								Father	/Guar	dian							
Cell Phone								Cell P	hone								
Alt Phone								Alt Ph	one								
Email								Email									
Employer /Compar	ny							Emplo	oyer/(	Compan	ıy						
Work Address								Work	Addr	ess							

Home Address (if different than above)
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Language(s) spoken at home

Are there Specific Custody/Visitation Arrangements

Yes / No

SESSION	THEME	<b>PROGRAM</b> - (Check boxes for preferred program for each week of enrollment)							
		3 Half Day (8:30-12:00)	5 Half Day (8:30-12:00)	Lunch Bunch (12:00-1:00)	Extended Day (8:30-3:00)	After Care (8:30-4:30)	After Care (8:30-6:00)		
#1 June 10 - June 1	Summer Fun On the Beach - Under the Sea								
#2 June 17 - June 21 (closed 6/19)	Summer Gardening & Bugs								
#3 June 24 – June 28	Latin Cultures Immersion								
#4 July 15 – July 3 (Closed July 4 &5)	America Week								
#5 July 8 - July 12	Health Week and Fun in the Kitchen								
#6 July 15 – July 19	Discover the Artist in You								
#7 July 22 - July 26	Zany Science week								
#8 July 29 – August 2	Get Wild about the Rainforest								
#9 August 5 – August 9	We Love camping								

CAMP FEES								
PROGRAM	TIMES	SESSIONS 1,3, &5-9	SESSION 2 (Closed(6/19)	<b>SESSION 4</b> (Closed 7/4 &5)				
3 Half Day (M,T,&W)	8:30am to 12:00pm	\$241.00	\$160.00	X				
3 Half Day w/Lunch Bunch	8:30am to 1:00pm	\$267.00	\$178.00	X				
5 Half Day	8:30am - 12:00pm	\$304.00	\$243.00	\$183.00				
5 Half Day w/Lunch Bunch	8:30am - 1:00pm	\$338.00	\$270.00	\$203.00				
Extended Day (5 Day only)	8:30am - 3:00pm	\$402.00	\$321.00	\$241.00				
After Care – 4:30 (5 Day only)	8:30am - 4:30pm	\$471.00	\$377.00	\$283.00				
After Care – 6:00 (5 Day only)	8:30am – 6:00pm	\$507.00	\$406.00	\$304.00				

Be sure to read all the information on the Camp Brochure, the Camp Application and/or our website at www.mcsherndon.com for all the information on our Summer Camp program.



## MONTESSORI COUNTRY SCHOOL CAMP INFORMATION - SUMMER 2024

	CAIVIL INFORMATION - SUMMER 2024								
	<b>REGISTRATION INFORMATION</b>		FEES INCLUDE						
4	Complete and sign the registration form the non-	4 9.	weeks of fun thematic mornings and afternoons.						
	refundable/non-transferable fee for your first session will be		CHARGES / DISCOUNTS						
4	added to your Brightwheel account. Incomplete registrations may result in a delay of your child's acceptance into the program. Registration is not valid unless	fo	on-refundable/non-transferable registration fee of \$75.00 or students <b>NEW</b> to MCS and NOT registered for the pocoming school year.						
4	signed by parent or guardian. After registration is processed, you will receive a	4 La	ate Payment Fee is $25.00$ for payments received after e 5 <sup>th</sup> of the month						
4	confirmation with invoice and required forms to complete and return. All required forms must be received <b>BY</b> June 1 <sup>st</sup> .	📥 as	ate Pick-Up Fee of \$15.00 per 15 minutes will be sessed for any child picked up late after one (1) grace eriod						
	The balance for all remaining registered sessions will be split into 2 equal payments due May 1 <sup>st</sup> & June 1 <sup>st</sup> .	-	rop-In Fees are \$20.00 per hour						
*	Payment for each change or added session is due at the time of the request.		returned check fee of \$25.00 will apply for any ectronic transfers returned for insufficient funds						
*	All payments are processed through your Brightwheel account and incur the normal processing fee.	📥 att	blings receive a 10% discount on the lesser tuition when tending the same session						
	Refunds are <b>NOT</b> available for missed days or sessions.	Al 4	ll fees are non-refundable and non-transferable						
4	I understand I am responsible to pay for all sessions I have selected unless MCS notifies me that a session is unavailable. Dropping a session after registration does not relieve me of this responsibility.	*							
	CAMP AG	REEMEN	T						
4	<b>NEW STUDENTS:</b> Submit a <b>NON-REFUNDABLE</b> Application 2023-24 or 2024-25.	on Fee of \$	75 with this application if you are <b>NOT</b> registered for						
4	ALL STUDENTS: Camp tuition payments are NON-REFUNDABLE & NON-TRANSFERABLE. One week session payment is due with this application to hold my child's space.								
4	MEDICAL FORMS: (new students & kindergarten students only): I agree to submit a CERTIFICATE OF HEALTH including Immunization Record for my child from his/her doctor with my enrollment forms (required by the State of Virginia).								
4	<b>PHOTO RELEASE:</b> Taking photos of the children during various activities throughout the session and sharing them through posts on our MCS website or in an emailed newsletter through Constant Contact are part of our program. Please check one:								
□ wel	<b>YES</b> or <b>NO IAGREE</b> to mine & my child's photos to be posted to the <b>PARENT PROTECTED</b> section of the MCS website or Constant Contact emailed newsletter								
Cor	YES or NO I AGREE to mine & my child's photos to b ntact emailed newsletter or the MCS Facebook page	e posted to	the PUBLIC section of the MCS website or Constant						

I have read and agree to the above terms regarding summer camp enrollment at Montessori Country School (MCS), the CAMP BROCHURE, the CAMP APPLICATION and any other information regarding camp enrollment on our website at www.mcsherndon.com. I/We recognize the risks inherent to participation in recreational activities and agree to hold harmless Montessori Country School, its officers and employees/volunteers from any and all claims from bodily injury and/or property damage, which result from my child's participation in all activities sponsored by Montessori Country School.

Parent/Guardian Name	Parent/Guardian Signature	Date
Director Signature	Date	
FOR     Date received Amount paid: \$ Ck #	OFFICE USE ONLY Sessions Registered	EZCare

P.O. Box 272 Herndon, Virginia 20172-0272 703/437-8285 Fax: 703/437-0165 Website: www.mcsherndon.com