



Dulles Montessori School

Summer Camp Program



Join us for six weeks of summer camp from July to mid August. We are excited about our coming summer camp and are looking forward to a number of fun activities for the children. The summer camp will be Monday to Friday from 9:00 a.m. to 6:00 p.m. We are planning to have six weeks of fun activities planned for the children. The parents have the option of a Half Day Camp, an Extended Day Camp or a Full Day Camp for the children.

Please fill out the application form and submit it to us by April 20th in order to confirm the summer camp enrollment. Aftercare will be provided for parents from 3:00 to 6:00. Snacks will be provided to all children in the morning and an afternoon snack will be provided to the children enrolled in our Aftercare program after 3:00 pm. The Hot Lunch program will not be provided in the summer and the children will bring a packed lunch from home.

MORNING SUMMER CAMP AT DMS (9:00 to 1:00)

Come join us as we spend the morning enjoying a variety of fun-filled activities tapping on the children's creative energies. The summer program will include a number of planned activities such as but not limited to arts and craft activities, gardening, planned games, music, cooking projects etc.

AFTERNOON LEARNING CAMP (IN TOUCH WITH THE THREE R'S) FOR CHILDREN 4 1/2 YRS AND ABOVE

The older children (4 1/2 yrs and above) will stay in touch with our Montessori lessons from 1:00pm to 2:30pm.

Children younger than 4 1/2 yrs old will rest/nap for an hour from 1 to 2 and then may choose some Montessori work later in the afternoon.

AFTER CARE CLUB (3:00 to 6:00)

The children will engage in a variety of fun filled activities from 3:00 to 6:00. After snacks, the children will have fun doing indoor and outdoor activities, games and projects.

SUMMER CAMP FEES AND DISCOUNTS OFFERED FOR ANY THREE, FOUR OR SIX WEEK PROGRAM

You can avail of our flat discounted rate by enrolling you child in our summer program for any three, four or six week program. The summer camp fees are as follows:

ONE WEEK SUMMER CAMP PROGRAM	TIME	FEE PER WEEK	PRORATED DISCOUNT FEES (THREE WEEKS)	PRORATED DISCOUNT FEES (FOUR WEEKS)	PRORATED DISCOUNT FEES (SIX WEEKS)
Half Day Program (No Lunch)	9:00 to 12:00	\$195 per week	\$545	\$720	\$1090
Half Day Program (Packed Lunch)	9:00 to 01:00	\$210 per week	\$590	\$780	\$1180
Extended Day Program	9:00 to 03:00	\$240 per week	\$680	\$900	\$1360
Full Day Aftercare Program	9:00 to 04:00	\$260 per week	\$740	\$980	\$1480
Full Day Aftercare Program	9:00 to 05:00	\$280 per week	\$800	\$1060	\$1600
Full Day Aftercare Program	9:00 to 06:00	\$300 per week	\$860	\$1140	\$1720
DISCOUNT APPLIED			CREDIT OF \$40	CREDIT OF \$60	CREDIT OF \$80

The children can stay for Aftercare hour from 12:00 to 6:00 for an extra charge of \$10 per hour/or any part of the hour on any given day. The school will close at 6:00 p.m.

An application form is attached for the Summer Camp Program. Please fill out the application form and send it to us by April 1st in order to reserve a spot for your child. Applications received after the due date will be processed on a first come basis and will be contingent on availability of the number of the current summer camp enrollments and student to staff ratio.

You can reach us any time at (C) 703-627-2967, (O) 703-707-8444 or email: laxmi@dullesmontessorischool.org. Please e-mail us the application attached below.

Summer Program Application - 2012

DMS welcomes students of any race, color and national ethnic origin. A non-refundable application fee deposit of \$100 must accompany this form. Checks will be made payable to Dulles Montessori School. The deposit will be applied towards the last week of the summer camp fee. The deposit is non refundable after close of business on May 20th. All summer application forms are due by April 1st.

CONTACT INFORMATION

Student's Name _____ (Nickname) _____

Gender _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Mother's Name: _____ Email _____

Work # _____ Cell # _____ Home # _____

Mother's Work Address _____

Father's Name: _____ Email _____

Work # _____ Cell # _____ Home # _____

Father's Work Address _____

EMERGENCY CONTACT IN CASE PARENTS/ GUARDIAN CANNOT BE REACHED:

1. Name and Relationship _____

Work # _____ Cell # _____ Home # _____

2. Name and Relationship _____

Work # _____ Cell # _____ Home # _____

Family Physician _____ Phone # _____

RECOMMENDATION AND RESTRICTION

Food Allergies/Other Restrictions: _____

Medication Administration: _____

(If your child will need to be administered medication in school, a medication administration form will need to be filled out before the first day of camp)

Photographs may be taken of my child within the classroom and on school grounds for use in articles and information about the school: Yes _____ No _____ Initial _____

TERM AND CONDITION OF ENROLLMENT

The child and parents agree to abide by the rules and regulations set forth by the program for the health, safety and welfare of the child.

The total payment is due by the first day of camp.

No refunds will be made for days missed due to illness, weather or holidays.

If your child is picked up after scheduled hours, additional charges will apply and they are as follows; \$5 for the first 15 minutes, \$10 from 15 to 30 minutes, \$15 from 30 to 60 minutes or any part of the minute.

The program reserves the rights to deny, cancel, sever or suspend a child’s enrollment if deemed in the best interest of the child or school.

The program will follow the discipline policy as outlined in the Dulles Montessori School Handbook. In the event a child is dismissed, all tuition payments paid are non refundable.

SUMMER CAMP SCHEDULE (July 2 to August 10)

Session 1(July 2 to July 6), Session 2(July 09 to July 13), Session 3 (July 16 to July 20), Session 4 (July 23 to July 27), Session 5 (August 30 to August 3), Session 6 (August 06 to August 10)

SUMMER FEE SCHEDULE PER WEEK (due by May 01st)

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DISCOUNT APPLIED			CREDIT OF \$40	CREDIT OF \$60	CREDIT OF \$80

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I _____ agree to place my son//daughter
 _____ in the following schedule/sessions:

Please circle the # of weeks selected for the summer camp.

Week 1, Week 2, Week 3, Week 4, Week 5, Week 6. Total # of Weeks: _____

Parent’s Signature _____ Date _____

Accepted by _____ Date _____

Dulles Montessori School

SUMMER CAMP PROGRAM EMERGENCY MEDICAL AUTHORIZATION FORM

Name of Child _____ Date of Birth _____

Name of Class Teacher _____

Name of Parent(s) or Guardian _____

Home Address _____

Place of Mother's Employment _____

Address _____

Place of Fathers Employment _____

Address _____

The parent(s)/ guardian authorizes Dulles Montessori School to obtain immediate care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, an/or the administration of drugs to his/her child if an emergency occurs when he/she cannot be located immediately.

It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise he/she expects to be notified immediately.

1. I/we will be responsible for payment of medical care expenses.

2. Medical treatment costs are covered by:

- a. Medical Insurance:

- Name of Insurance Company: _____

- Identification Number: _____

- Group Number: _____

- b. No Insurance: _____

Child's Physician _____ Telephone _____

Address _____

THIS FORM IS TO BE KEPT AT DULLES MONTESSORI SCHOOL AND IS TO BE TAKEN TO THE DOCTOR OR TREATMENT FACILITY IN CASE OF EMERGENCY