

Plymouth-Canton Montessori School

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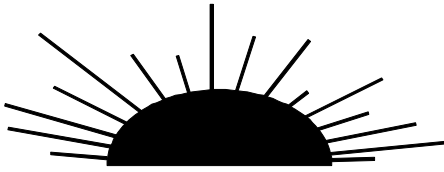
A Quality Summer Program for Children Aged 3 through 6

Plymouth-Canton Montessori School has been offering exceptional programs for the past 38 years. Come join us for a summer experience that is nurturing, creative, intellectually stimulating, and lots of fun!

Summer Day Camps June 20-August 19, 2011

A graphic of a rectangular note with a double-line border, pinned to the page by a pushpin at the top left corner. The note contains a table of summer themes.

SUMMER 2011 THEMES	
WEEK OF	THEME
June 20	Paws & Claws
June 27	Creative Kids
July 5	Let's Go Camping
July 11	Kids' Cafe
July 18	Planes, Trains, & Automobiles
July 25	Under the Big Top
August 1	Little Theatre
August 8	Wide World of Sports
August 15	Summer on the Farm



June 20 - August 19

Themed Summer Day Camp

The program includes a broad range of activities designed to meet the developmental needs of young children. Each day brings a balanced blend of learning and play, active and quiet, group and individual experiences.

Each week of the summer has its own theme! (See the accompanying flyer for details.) Children will participate in theme-related projects, lots of arts and crafts, field trips, science experiments, dramatic play, cooking, picnics, outdoor time, music, stories, and games. Water is an important ingredient in the summer program; when it gets hot, we go outdoors and get wet!

Eligibility

Children between the ages of 3 and 6 are eligible for enrollment. Toilet training is required. The school is non-sectarian and non-discriminatory in the administration of its policies. Plymouth-Canton Montessori School is open to children of any race, color, religion, national or ethnic origin.

Enrollment

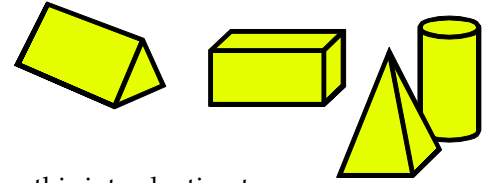
To enroll, fill out both sides of the application form, and send or deliver it to the school, along with a \$20 registration fee. Acceptance is on a first-come, first-served basis. Each child will be enrolled according to the preferences indicated on the form as long as space remains. If a particular session is full, we will call you to discuss alternatives.

Staff

PCMS's professional staff of experienced early childhood educators will be supplemented by local teachers and college students. They are intelligent and nurturing people who bring a wealth of knowledge, energy, and enthusiasm to share with this year's campers.

August 15-19 Montessori Matters

(For first time fall enrollment *only*)



A great head start for the school year, this introduction to basic materials and routines smooths the way for children who will begin Montessori classes for the first time in September.

9-10:30 a.m.

Course Fee: \$75

Extended hours are available only to children attending themed day camp.

Times

Full and half-day programs are available for the ten weeks of the summer session. Morning-only groups meet from 8:45-11:45 a.m. and afternoon groups from 12:30-3:30 p.m., Monday through Friday. **Children must be enrolled in day camp for a minimum of three weeks.**

Extended hours are available as needed for day campers. The building opens at 7 a.m. and closes at 6 p.m.

Procedural Matters

Clothing: Clothing should be comfortable, practical, and suitable for active play. (Our building is air conditioned, but children do go outdoors daily.) A swimsuit and towel should be sent to school with each child.

All campers will receive a PCMS T-shirt. Be sure to indicate size on the registration form.

Meals and Snacks: Children who stay through the noon hour must bring a lunch with beverage. The school will provide morning and afternoon snacks.

Nap: An afternoon rest or nap period is available, but not required, for full-day campers. Children who nap should bring bedding (small blanket, sheet, and pillow).

Health: A health form signed by a physician and showing current immunizations is required for all children. Blank forms are available from the office.

Child Information Page: This page, which provides emergency information, is to be filled out by parents on or before the first day of camp. The page has a space for parents to indicate who may pick a child up from camp. Children will be released **only** to people whose names appear on the page, so we must be notified if there are changes.

Fees

A \$20 non-refundable registration fee is required at the time of enrollment. Charges for the camp sessions are as follows:

- **Half day** (3-hour session):
\$120 per week
- **Full day** (3-hour session plus unlimited use of extended hours):
\$210 per week
- **Extended hours** (hourly charge for children who need to be at camp more than 3 hours, but who are not attending for the full day):
\$5 per hour, prorated to the quarter hour.

Full payment for **partial summer day camp** is due on the first day of attendance.

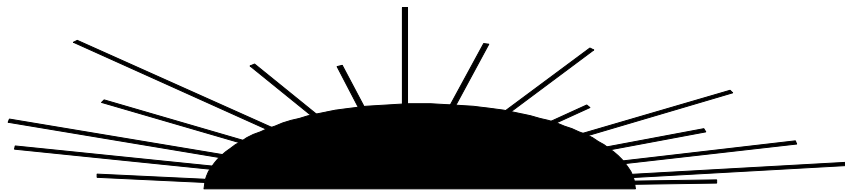
Payment for **nine-week summer day camp** is due in two installments on June 20 and July 18.

Refunds will be given only when the place is filled by another child.

Questions?

Call us at (734) 459-1550 for further information. We are looking forward to an exciting summer!





Montessori Summer Day Camp Registration Form

General Information:

Date _____

Child's Name _____ (_____) Girl _____ Boy _____
last first middle nickname

Date of Birth _____ Age in June 2011 _____

Home Address _____
number street city zip

Daytime Telephone _____ Evening Telephone _____

School child currently attends _____

T-shirt size: _____ 2-4 _____ 6-8 _____ 10-12

Program Preferences: (Please ✓ all applicable choices)

THEMED SUMMER DAY CAMP

A. Please indicate weeks child will be attending (minimum of 3 weeks):

_____ June 20-24	_____ July 11-15	_____ August 1-5
_____ June 27-July 1	_____ July 18-22	_____ August 8-12
_____ July 5-8 (\$ prorated)	_____ July 25-29	_____ August 15-19

B. Program desired (indicate all that apply):

_____ Morning session only (8:45-11:45 a.m.) \$120 per week

_____ Afternoon session only (12:30-3:30 p.m.) \$120 per week

_____ Regular extended hours in addition to half-day above \$5 per hour
(This option is less expensive than full day if child is at camp less than 6½ hours per day.)

Hours and days needed _____

_____ Full day (7 a.m.-6 p.m.) \$210 per week

Hours needed _____ Does child nap? _____

MONTESSORI MATTERS (For first-time fall enrollees only) August 15-19 9-10:30 a.m. \$75

THIS REGISTRATION FORM MUST BE ACCOMPANIED BY REQUIRED FEES:

For **THEMED SUMMER DAY CAMP**: \$20 Registration Fee (Full payment for **Partial Summer Day Camp** is due on the first day of attendance. Payment for **Full Summer Day Camp** is due in two installments on June 20 and July 18.)

For **MONTESSORI MATTERS**: Course fee must be paid in full at the time of registration.

PLEASE NOTE: Emergency Information and Release Form on the back of this page must be filled out completely. Make checks payable to PCMS. Return to: Plymouth Canton Montessori School, 45245 Joy Road, Canton, MI 48187-1772

Emergency Information:

Child's Name _____

Mother's Full Name _____

Father's Full Name _____

Telephone #: Home _____ Mother's Work _____ Father's Work _____

Person other than parent to be notified in emergency if parent is not available:

Name _____ Address _____ Phone _____

Physician's Name _____ Address _____ Phone _____

Health Insurance Carrier _____ Policy #s _____

Medication being taken (name and purpose) _____

Please list any special health problems _____

Please list any allergies and/or foods which should not be eaten _____

Releases and Statements of Agreement:

MEDICAL RELEASE

I hereby declare that I am the parent or legal guardian of the above-named child. I give my consent, in the event that all reasonable attempts to contact me or designated persons above have been unsuccessful, for Plymouth-Canton Montessori School personnel to seek treatment by the physician named above, or in the event the preferred practitioner is not available, by another licensed person.

I hereby release and discharge Plymouth-Canton Montessori School, its agents, employees, and officers, from all claims, demands, actions, or judgments which the undersigned ever had, now has, or may have against the school, its successors or assigned, for all personal injuries or illness, which the child named above may suffer or incur as a result of the actions of Plymouth-Canton Montessori school or in procuring medical treatment.

I certify that the child named above is in good health and free from any communicable disease or illness.

MODEL/PUBLICITY RELEASE

I give permission for the above-named child's name, photograph, video or voice recording to be used for informational or publicity purposes in news stories, press releases, or similar items.

PAYMENT AGREEMENT

I understand that children are enrolled for complete weeks, and that my agreement to pay charges for each full week is not subject to adjustment for illness or absence. I agree to pay, when applicable, other fees. These may include registration, hourly day care, or NSF fees, late pickup charges, or an occasional charge for a field trip. I understand that my child may be denied admission to camp if tuition or fees are not paid in a timely manner.

LUNCH AGREEMENT (required by Michigan Division of Child Care Licensing)

I agree to provide a lunch for my child on days when he or she will be at the school during the lunch period.

FIELD TRIP PERMISSION/RELEASE

I give permission for the above-named child to participate in field trips or outings with Plymouth-Canton Montessori School. Transportation, when necessary, will be provided by private car, with each child restrained in a seat belt. Supervision will be provided by PCMS staff and parents or other volunteers. On any field trip or outing, I understand that Plymouth-Canton Montessori School is not responsible for unavoidable accidents or the negligence or actions of persons not employed by or acting for PCMS.

STATEMENT OF UNDERSTANDING

I have read the program description, policies and information, day care policies and procedures, and fee schedule of Plymouth-Canton Montessori School. I understand and agree with the philosophy and policies; I accept the conditions and terms stated therein.

Parent's or Guardian's Signature _____ Date _____



PLYMOUTH-CANTON MONTESSORI SCHOOL
P.O. Box 247 Dearborn Heights, MI 48127-0247

