

Join us for...

Safety Harbor Montessori Academy's

Summer Fun Days



WHAT:

Created especially for **ages 3-5**, this camp will feature a Montessori program with a special emphasis on science, art, literacy, and a great time! Weeks 1 - 4 will focus on farm life, including animal visits, pony rides and hatching eggs. Weeks 5 - 8 will include Spanish language learning. Get ready to exercise your body, mind and imagination! (See back for details of themes and activities.) Choose your favorites or join us for the whole summer.

WHEN:

Down on the Farm
BE A SCIENTIST!
CREATIVE CAMPERS

Weeks 1 through 4 (May 30 - June 23)

Week 5 (June 26 - 30) & *Week 6 (July 10 - 14)

Week 7 (July 17 - 21) & Week 8 (July 24 - 28)

*Camp will be CLOSED July 3 - 7 for Independence Day break.



Time: 9:30 AM - 2:30 PM (Five days a week)

Extended Care hours: 8:00 AM - 9:30 AM and 2:30 PM - 5:30 PM



FEES:

Registration	\$25.00 (Includes a complimentary camp t-shirt!)
Five days a week	\$175.00 (\$145 for Week 1, four days)
Extended AM	\$30.00 per week
Extended PM	\$45.00 per week

REGISTRATION:

Return registration form and fee, along with a deposit of \$50.00 for each camp week. We cannot accept registrations without a deposit, and all deposits are non-refundable. Registrations will be accepted beginning March 24th for current students and March 31st for the general public. Class sizes are limited, so register early! The balance of fees for Weeks 1 - 4 are due May 5th & Weeks 5 - 8 are due June 5th.

PLEASE BRING:

A change of clothes including extra shoes, an old T-shirt from Mom or Dad, and a packed lunch. Be sure to label all belongings and place the change of clothes in a plastic bag labeled with your child's name. Please, no open-toed shoes, toys from home, or food requiring heating or refrigeration. We sometimes get messy so please dress accordingly!



Call **(727) 724-1767** for more information!
2669 McMullen Booth Road • Clearwater, FL 33761





Camp for ages 3-5 Summer Fun Days 2017

Down on the Farm

Weeks 1 – 4

Preschool campers love animals and summer time is perfect for farm fun. Down on the Farm offers enticing opportunities for children to unplug and tune in to the natural world. Campers will try straw painting, create fingerprint sheep, and play games such as Ducks and Cows. During this 4 week camp we will learn about life cycles as we watch and participate in the incubation of eggs to chicks, we'll "sheer a sheep", and have a visit from Daisy the Cow. Campers will have great fun trying their hand at milking. We will also enjoy stories like *No Sleep for Sheep*, *Mrs. Wishy Washy's Farm* and many more!

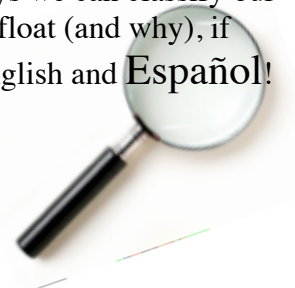


BE A SCIENTIST!

Weeks 5 & 6

Join us for two weeks of scientific discovery. During Week 5 we will focus on using our five senses to learn about the world around us. We will learn to differentiate different tastes, smells, sounds, colors and textures.

During Week 6 we will build on our work with the 5 senses, by learning about all the ways we can classify our world. We will have fun identifying the states of matter, learning whether things sink or float (and why), if something is living or non-living (*vivos o no vivos*), and magnetic or non-magnetic, in English and Español!



CREATIVE CAMPERS



Weeks 7 & 8

Children will cultivate creativity in their lives as we take a look at the work of some famous and not so famous artists. Our pint-sized artists will try their hand at pointillism, fireworks of glass, lollipop trees, and finger painting. We will also get crafty and a little bit messy! Our children will explore their inner artist as we follow their lead in the creative process.



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Safety Harbor Montessori Academy

Summer Camp Registration

Ages 3 - 5



Child's Name _____ Date _____

		5 days	Ext. AM	Care PM
Week 1	<small>4 days</small> 5/30 - 6/2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>Camp is closed Monday, May 29th in observance of Memorial Day</small>				
Week 2	6/5 - 6/9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 3	6/12 - 6/16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 4	6/19 - 6/23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 5	6/26 - 6/30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*7/3 - 7/7 Camp closed for Independence Day				
Week 6	7/10 - 7/14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 7	7/17 - 7/21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 8	7/24 - 7/28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Age _____	DOB _____
School _____	
Home Phone _____	
Mother's Name _____	
Home Address _____	

Phone (Cell) _____	
Phone (Bus) _____	
Father's Name _____	
Home Address _____	

Phone (Cell) _____	
Phone (Bus) _____	
Email Address _____	
Allergies or other health information	

*Camp closed in observance of Independence Day

MANDATORY: Students must have current health forms on file to attend Summer Camp.

2 Emergency Medical Release forms completed? YES	School Health Exam and Immunization forms on file? YES	Emergency Contact 1 _____ Phone # _____ Emergency Contact 2 _____ Phone # _____
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I hereby enroll my child for the week(s) and extended care times indicated above. I have enclosed a \$25.00 registration fee and a deposit of \$50.00 per week. I understand that the remaining balance of all camp fees are due May 5th for weeks 1 - 4 and June 5th for weeks 5 - 8. I also understand that my child's space may no longer be available if fees are not paid by these dates. I further understand and agree that all deposits and fees are non-refundable.

_____ parent's signature

_____ date

EMERGENCY MEDICAL RELEASE



Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____
Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

(Child's Full Name)

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____ 20_____
(Month) (Day) (Year)

by _____, who is personally known to me or who has
(Name of Affiant)

produced _____ as identification.
(Type of Identification)

SEAL OF NOTARY

Signed: _____
(Signature of Notary)

EMERGENCY MEDICAL RELEASE



Please Print Information

Child's Full Name: _____ Birthdate: _____

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Medicines Routinely Taken: _____

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