

Join us for...

Safety Harbor Montessori Academy's

Summer Fun Days 2017



WHAT: Designed for children **2-3** years old, the camp will feature a Montessori program and also incorporate arts & crafts, cooking, and nature exploration. There will be activities, songs, and lots of learning for each of the exciting themes. (See back for schedule of themes and activities).

WHEN:

Insect Invasion	Week 1 (May 30 - June 2), Week 2 (June 5 - 9) & Week 3 (June 12-16)
Dinosaurs	Week 4 (June 19-23) & Week 5 (June 26-30) **CLOSED July 3 - 7 for Independence Day**
Sea Life	Week 6 (July 10-14), Week 7 (July 17-21), & Week 8 (July 24-28)



Time: Half days 9:30 AM - 12:00 PM (Five days a week)
Full days 9:30 AM - 3:00 PM (Five days a week)

Extended Care hours: 8:00 AM - 9:30 AM and 3:00 PM - 5:30 PM



FEES:	Registration	\$25.00 (Includes a camp t-shirt!)
	Five half days	\$150.00 (*\$125 for week 1)
	Five full days	\$190.00 (*155 for week 1)
	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 April 13th for the general public. Class sizes are limited, so register early! The balance of fees for weeks 1 - 4 are due May 5th and weeks 5 - 8 are due June 5th.

PLEASE BRING: Two 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 changes of clothes in plastic bags 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 2 - 3

Summer Fun Days 2017



INSECT INVASION:

Weeks 1 - 3

The children will be exploring the tiny world of insects and bugs that are all around us every day. Campers will discover where insects live, how they create different domiciles and why they establish the homes they do. Camouflage is key to the tiny world, is that a stick or a bug?! The children will learn how insects transform to evade and fool predators. They will be creating their own bug creatures and observing all that is hidden in nature around them. How do all these creatures get around, do they walk, hop, roll, or fly? Come explore the enchanting world of bugs and insects with us!



Dinosaurs



Weeks 4 & 5

The children will go back in time to the land of the dinosaurs, digging for discoveries in every area of the classroom. Campers will learn the different types of dinosaurs, dig for dinosaur bones, go on a dinosaur hunt, and make fossils. The children will engage in exploding volcano's and dinosaur tracks. The prehistoric world of dinosaurs will come to life, as the children participate in many fun dinosaur themed activities.



SEA LIFE

Weeks 6 - 8

Grab your imaginary snorkel and dive into the water exploring all types of sea life. The children will be learning about the sea creatures that swim, slither, sway, and crawl. They will be fishing in our own "pond" and making their very own aquariums! Swimming through the sea they will learn about life cycles, plant life, and even dig for seashells. We will discover the amazing life under and around the sea through stories, crafts and games!



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Safety Harbor Montessori Academy

Summer Camp Registration

Ages 2 - 3



Child's Name _____ Date _____

		5 half days	5 full days	Ext. Care AM	Care PM
Week 1	4 days 5/30 - 6/2	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Week 3	6/12 - 6/16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 4	6/19 - 6/23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 5	6/26 - 6/30	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Week 7	7/17 - 7/21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 8	7/24 - 7/28	<input type="checkbox"/>	<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 _____	_____

*Camp closed in observance of Independence Day

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

Allergies or other health information

Emergency Medical Release form completed? <p style="text-align: center;">YES</p>	School Health Exam and Immunization forms on file? <p style="text-align: center;">YES</p>	Emergency Contact 1 _____ _____ Phone # _____ Emergency Contact 2 _____
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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: _____

Allergies: _____

Medicines Routinely Taken: _____

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

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

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STATE OF FLORIDA COUNTY OF _____

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

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SEAL OF NOTARY

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