

Summer Registration Form

Child's Name: _____ Age in June: _____ DOB: _____

Address: _____ City: _____ Zip code _____

Parent 1: _____ Parent 2: _____

Parent 1 Employer: _____ Parent 2 Employer: _____

Parent 1 Cell ph: _____ Parent 2 Cell ph: _____

Parent 1 Email Address: _____ Parent 2 Email Address: _____

Summer Camp Choices

Date/Camp	<u>circle schedule</u>	<u>Extended Care</u>
() Chef's Camp June 18 – June 29	9-12 or 9-3	3 – 5 pm
STEM!		
() Science July 2-6 (Closed 7/4)	9-12 or 9-3	3 – 5 pm
() Technology July 9-13	9-12 or 9-3	3 – 5 pm
() Engineering July 16-22	9-12 or 9-3	3 – 5 pm
() Mathematics July 23-27	9-12 or 9-3	3 – 5 pm
() Spanish Camp July 30 – Aug 10	9-12 or 9-3	3 – 5 pm

Camp Tuition Total: \$ _____

Summer Registration & Materials: \$ 150.00
(waived for current S & S students)

Sibling Discount:
(10% off lowest camp fee) \$ _____

Extended Care \$ _____

Total Camp Fees: \$ _____

() Paid by check # _____

() Paid with cash on _____ (date)

() Will pay with debit/credit via Curacubby

Program

- () Stars (2-3 years)
- () Suns (3.5 years-entering first grade) **Note:** Students must be wearing underwear full time, using the restroom independently and not napping to enroll in the Suns Class.

All Camp Hours: 9-12pm or 9-3pm

Children ages 2-6 years old

Early bird special!

Register before May 11th and save!

Per week rates for July	<u>Before 5/11</u>	<u>After 5/11</u>	Two week camp rates (June & Aug)	<u>Before 5/11</u>	<u>After 5/11</u>
Stars (2 - 3.5 years)					
M-F (9-12):	\$240.00/wk	\$300.00/wk		\$450.00	\$575.00
(9-3):	\$315.00/wk	\$395.00/wk		\$600.00	\$750.00
Suns (3.5 years - *6 or entering first grade)					
M-F (9-12):	\$190.00/wk	\$240.00/wk		\$360.00	\$440.00
(9-3):	\$250.00/wk	\$310.00/wk		\$470.00	\$585.00

Registration & Materials Fee: \$150.00 (applies to whole summer)
Waived for Sun and Stars families currently enrolled in the school year

Extended Care: \$130.00 per week session – based on need. (\$260.00 per two-week session) Minimum class size required to offer.
(3:00-5:00pm. Inquire about morning care options)

EMERGENCY INFORMATION Child's Name _____

- () My child is a new student. I will provide a current copy of immunizations, completed and signed paperwork.
- () My child has been enrolled in the previous school year, and all information in his/her file is accurate.
- () My child has been enrolled in the previous school year, and the following changes should be made to his/her records.

#1 Best number to call during the day

Additional Emergency Contact other than parents:

_____ (Name & Ph #) _____

People Permitted to Pick Up:

Name: _____ Name: _____ Name: _____

Phone #: _____ Phone #: _____ Phone #: _____

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

CONSENT FOR EMERGENCY MEDICAL TREATMENT Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO
Sun and Stars Montessori School TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER WHATEVER
CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

Child has the following food allergies: _____

Child has the following medication allergies: _____

Please list any other allergies or conditions: _____

DATE _____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE _____

My signature below indicates that I have read, understand and agree to the follow the policies listed in:

- Admission Agreement
- Basic Policies
- Parent's Rights
- Personal Rights
- Health Policy
- Emergency/Disaster Info
- Permissions/Authorizations
- Curacubby Tuition payment Info

<p>Also included:</p> <ul style="list-style-type: none"><input type="checkbox"/> Physician's Report<input type="checkbox"/> Current Immunization Record<input type="checkbox"/> Other: _____

DATE _____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE _____