

Magnolia Montessori Academy
Before/After and Track-Out

SUMMER CAMP



Weekly Themes for K-5th Graders

June 12-16 Nature Week

June 20-23 Sports Week

(Closed June 19th for Juneteenth)

June 26-30 Space Week

July 3-7 Science Week

(Closed 3rd & 4th for Independence Day)

July 10-14 Artful Antics

July 17-21 Invention Week

July 24-28 Stem Week

Aug 1-4 Ocean Week

Aug 7-11 Rainforest Week

Aug 14-18 Going Green

Aug 21-25 Gems and Minerals Week

Magnolia Montessori Academy
School-Age Summer Program Enrollment Application

Camper's Name _____

Address _____

Phone _____ Birth Date/Age _____

Parent 1 Name _____

Address _____

Place of Employment _____

Work Phone # _____ Email Address _____

Parent 2 Name _____

Address _____

Place of Employment _____

Work Phone # _____ Email Address _____

Medical Information

Allergies? Yes _____ No _____ If so, what? _____

Food Allergies? Yes _____ No _____ If so, what? _____

Physical Handicaps? Yes _____ No _____ If so, what? _____

Currently under Doctor's care? Yes _____ No _____ If yes, reason? _____

History of seizures? Yes _____ No _____

History of heart disease? Yes _____ No _____

History of diabetes in family? Yes _____ No _____

Primary Physician _____ Phone _____

Address _____

Dentist _____ Phone _____

Address _____

Hospital Preference _____

Are there any special considerations or restrictions that need to be addressed? If so, please explain:

Media or Photographs Permission:

As a parent or guardian, you may choose whether your child may be filmed or photographed for our school website.

Please check one:

I give permission for my child to be filmed or photographed for the school website/Facebook page.

I do not give permission for my child to be filmed or photographed for the school website/Facebook page.

Food Permission (when applicable):

Often food items are brought in for snacks or instructional activities. Please check one:

I give my child permission to participate in food activities under the direction of the summer camp staff.

I do not give my child permission to participate in food activities.

Field Trip Permission (when applicable):

I give my child permission to participate in any field trips that leave Great Minds Montessori Academy

I do not give my child permission to participate in any field trips.

Emergency Contact Name _____

Address _____

Phone # _____

Relationship to Camper _____

In Case of Emergency, please contact _____ first.

Please list other individuals that may pick up your child (ren) from the program:

Name	Relationship to child	Home/Work Phone #	Mobile Phone #

Signature of Parent or Legal Guardian _____ Date _____

**** A non- refundable deposit of \$75 per week of camp is due by April 21, 2023, to secure your space. This deposit will be applied to the balance of your summer camp tuition payment. Spaces are filled on a first come bases.**

**** Remaining Balance is due no later than May 19, 2023.**

Please check off desired weeks and before/aftercare preferences on the three right columns

Dates	Topics	Half Days Fee (7:00am-12:00pm)	Full Days Fee (7:00am-5:30pm)	Please check your desired weeks here
June 12-16	Nature Week	\$175.00	\$ 225.00	
June 20-23 (Closed 6/19 for Juneteenth)	Sports Week	\$150.00	\$ 200.00	
June 26-30	Space Week	\$175.00	\$ 225.00	
July 3-Closed for 4 th of July)	Science Week	\$150.00	\$ 200.00	
July 10-14	Artful Antics	\$175.00	\$ 225.00	
July 17-21	Invention Week	\$175.00	\$ 225.00	
July 24-28	Legal STEM Ambassador Week	\$175.00	\$ 225.00	
Aug 1-4	Ocean Week	\$150.00	\$ 200.00	
Aug 7-11	Rainforest Week	\$175.00	\$ 225.00	
Aug 14-18	Going Green	\$175.00	\$ 225.00	
Aug 21-25	Gems and Minerals Week	\$175.00	\$ 225.00	

Payments may be paid by check or with credit card.

***If paying by check, please make checks payable to:
Magnolia Montessori Academy***

For GMMA USE ONLY:

Week 1 _____ Week 2 _____ Week 3 _____ Week 4 _____ Week 5 _____

Week 6 _____ Week 7 _____ Week 8 _____ Week 9 _____ Week 10 _____ Week 11 _____

Form of Payment:

Amount Paid: Deposit _____ Balance _____

Check Number _____ Credit Card _____

Deposit. Amount _____ Bal. Amount _____

Total Amount Paid _____