

Summer Camp 2017 at Redwood Montessori Academy

REGISTRATION FORM: (use a separate form for each child)

Child's name: _____

Date of birth: _____ Grade in Fall 2017 will be (please circle):
Preschool / Kindergarten / 1st / 2nd / 3rd / 4th / 5th / 6th

Parent/guardian name(s): _____

Home address: _____

City _____ Zip _____

Home phone: _____ Work phone: _____

Email: _____

Choose the daily schedule you want:

- Half Day (8:45 am-12 noon)
- Camp Day (8:45 am-3 pm)
- Extended Day (8:45 am-6 pm)
- Part-time (3 days per week; *for 2-3 year olds only*)
Specify days: _____
- ADD: AM Care (7:30-8:45 am)**

Check the weeks you want:

- | | |
|--|--|
| <input type="checkbox"/> Week 1: June 5-9 | <input type="checkbox"/> Week 7: July 17-21 |
| <input type="checkbox"/> Week 2: June 12-16 | <input type="checkbox"/> Week 8: July 24-28 |
| <input type="checkbox"/> Week 3: June 19-23 | <input type="checkbox"/> Week 9: Jul 31- Aug 4 |
| <input type="checkbox"/> Week 4: June 26-30 | <input type="checkbox"/> Week 10: Aug. 7-11 |
| <input type="checkbox"/> Week 5: Jul 3-7 (<i>No camp July 4</i>) | <input type="checkbox"/> Week 11: Aug. 14-18 |
| <input type="checkbox"/> Week 6: July 10-14 | |

CAMP FEES FOR THIS CHILD = \$ _____

***Pool fees for Grades 1 and up will be collected when camp starts.*

DISCOUNTS (if applicable):

- Part-time discount=10% \$ _____
- Sibling Discount=5% \$ _____

LATE REGISTRATION FEE (after Mar 31)- add \$35

TOTAL AMOUNT DUE (for this child) = \$ _____

PAYMENT ENCLOSED (check one):

- Nonrefundable deposit = \$200
- Deposit plus first payment
- Full payment

Make checks payable to **Redwood Montessori Academy**. Mail registration form and payment to: **Redwood Montessori Academy-Summer Camp, 1605 Veirs Mill Rd, Rockville, MD 20851. 301-762-2524**