



**MONARCH MONTESSORI SCHOOL**  
**Summer Program**

**July 10 - 21, 2017**

**9:00 a.m. to 1:00 p.m.**

**Before Camp Care available at 8:00 a.m.**

**Under Water Exploration**

**Ages – 3-8**

Let's get this Summer Started and Take a Splash on the Wet Side of Life!!!

Have you ever wondered what lives in the ocean, the pond in your neighborhood, or the stream where you fish? Have you ever seen a chelonian!? WHAT!?!

Spend some time this summer learning about fish, amphibians, mammals and reptiles - all who call the water their home. We'll learn about fish in all shapes, sizes, colors and patterns. Some live in fresh water and some in salt water. We'll study amphibians like frogs and toads and learn why they live on both land and in water! We'll talk about mammals that have adapted their lifestyle and are dependent on rivers and oceans. We'll learn about air-breathing reptiles with a waterproof skin! Last but not least, we'll learn about the plants that grow under water. Don't miss it!!

\_\_\_\_\_ Camp: 9:00 am – 1:00 pm - \$325.00

\_\_\_\_\_ Before Camp Care: 8:00 a.m. – 9:00: \$90.00

**Please return completed application form and \$75.00 deposit to:**

**P. O. Box 609, Churchville, MD 21028  
 or to the school office**

**Full payment due by 6/1/17**

**Application:**

Childs Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Parent(s)/Legal Guardian(s):

\_\_\_\_\_

\_\_\_\_\_

Home Address:

\_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Business/Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Father's Business/Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Who is authorized to pick up your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who may not pick up your child:

\_\_\_\_\_

Name(s) and age(s) of other children in the home:

\_\_\_\_\_

\_\_\_\_\_

Previous group experience: \_\_\_\_\_

\_\_\_\_\_

Child's Physician: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

*I understand that health forms, if not already on file will be required.*

Are there any special traits, habits, or medical information that the teachers should know about your child. (Please include information on allergies, bee stings, poison ivy, and medication.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

ALL DEPOSITS AND PAYMENTS ARE NON-REFUNDABLE AND NON-TRANSFERABLE

Please read and sign below: We do hereby waive, release, absolve indemnify and agree to hold harmless MONARCH MONTESSORI, INC., THE CHILDREN'S CENTER, the teachers, organizers, sponsors, participants, involved in the summer activities of the Children's Center from any claim arising out of injury to our child. We assume all risks and hazards that are incidental to participation in the summer activities.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

We see no limit to what should be offered to the child, for his will be an immense field of chosen activity. ~Dr. Maria Montessori