



Summer Camp Price Sheet | 2020

June 2, 2020 – July 24, 2020

Toddler Room

| Schedule | Full 8 Weeks | Weekly Drop In | Preference of Days | |
|-------------|--------------|----------------|--------------------|--|
| 3 ½ days | \$1300.00 | \$178.75 | | |
| 3 full days | \$1550.00 | \$212.25 | | |
| 4 ½ days | \$1500.00 | \$206.25 | | |
| 4 full days | \$1700.00 | \$233.75 | | |
| 5 ½ days | \$1700.00 | \$233.75 | N/A | |
| 5 full days | \$2050.00 | \$282.00 | N/A | |

*Friends in the toddler room will nap from 12:30-2:50

Camp Room (3 – 6 years)

| Schedule | Full 8 Weeks | Weekly Drop In | Preference of Days | Nap? |
|-------------|--------------|----------------|--------------------|------|
| 3 ½ days | \$1150.0 | \$158.25 | | |
| 3 full days | \$1450.00 | \$199.50 | | |
| 4 ½ days | \$1350.00 | \$185.75 | | |
| 4 full days | \$1610.00 | \$221.50 | | |
| 5 ½ days | \$1550.00 | \$213.25 | N/A | |
| 5 full days | \$1900.00 | \$261.25 | N/A | |

*Friends in the primary room may join the toddlers for nap from 12:30-2:50 if needed

There is an additional \$150 registration fee for all summer camp enrolled children not included in the above pricing.

Half Day Schedule- 8:15-11:30

Full Day Schedule- 8:15-2:50

Desired Schedule: *please check one

Toddler-

3 ½ _____ 3 full _____ 4 1/2 _____ 4 full _____ 5 ½ _____ 5 full _____

Weekly Drop In _____ * list weeks

Primary-

3 1/2 _____ 3 full _____ 4 1/2 _____ 4 full _____ 5 ½ _____ 5 full _____

Weekly Drop In _____ *list weeks

SUMMER CAMP | 2020

Child's Name: _____

Mother's Name: _____ Father's Name: _____

Mother's contact #: _____ Father contact#: _____

Address: _____

Best E-Mail address: _____

Child's Date of birth: _____ Age: _____

Allergies or special needs? _____

We look forward to providing your child with fond summer memories. Thank you for your patronage.

Sincerely,

Jennifer Papp

Greenhouse Montessori

Agreement

**I, _____ (parent's name) give Greenhouse Montessori authorization to call for medical help in case of emergency on behalf of my child, _____. I understand that I will

be notified immediately should an emergency arrive, but in my absence, Greenhouse Montessori will take action suitable to the needs that arise. I understand that I am responsible for any charges and medical coverage that apply to my child, including but not limited to, ambulance and hospitalization.

****I am including a non-refundable \$150 registration fee**

** I understand that summer payment is due in full by **May 1st, 2020**. If not received, I have forfeited my space and registration fee, and any payments made.

**The schedule you commit to at the time of enrollment is set and may not be adjusted. Any desired changes to the schedule may be considered but not guaranteed.

**Please understand there is not an option to withdrawal from the summer program after your child is enrolled. You will forfeit any payments made towards camp regardless of leaving the program. No exceptions.

**Children may choose to attend camp for less than the full 8 weeks. You may choose which weeks upon approval and must pay for them entirely up front.

**Summer program tuition includes any holiday, vacation, or early release days. Days missed due to child illness or other need also require tuition.

**Camp hours are from 8:15-11:30, or 8:15-2:50 Any child left on premise after 11:35 for half day, or 2:55 for full day will be charged \$1 per minute until pick up. Please call the office at (480)-635-0386 when you are running late.

In the event that late pick-ups exceed 3 times within a session, the child will be dismissed from the program without refund.

**In case of absence, a call to the school office to inform the school should be made as soon as possible. Our telephone number is 480-635-0386. Please leave a message if necessary.

**If a child becomes ill at school, he will be isolated and the parent or authorized person listed on the emergency form will be notified for the child to be picked up immediately.

It is particularly important that the school be informed if your child has contacted any communicable diseases. The school follows the communicable disease-reporting requirement under A.P.C. AAC R9-5-515(D).

As required by State regulations - if a child has had any symptoms of illness, such as nasal discharge, nausea, vomiting, diarrhea, or fever (100 degrees or higher) the child may not return to school until symptom free for 24 hours.

** I will apply sunscreen to child prior to coming to camp EACH DAY.

** Greenhouse provides snack for the summer program.

**Lunch is packed and sent from home. Avoid junk & sugary foods. No juice please. Water is always provided.

**Children of age 2 that may be in the primary camp will be charged the toddler rate until they turn 3. Any child, regardless of age will be charged the toddler rate in the toddler classroom.

Young children should come to school in clothing that permits full movement and outdoor play and is easy to slip on and off. **We do not recommend belts, suspenders or overalls. For more peaceful play, we ask that you do not send your child to school in clothing that encourages aggressive behavior.

Closed-toed shoes are required for school. The children play and run outside and on equipment that requires a sturdy shoe.

Children are required to have a change of clothes in their cubbies at all times.

Please label clothing and follow the procedure outlined by your child's teacher. It is your responsibility to make sure that clothes are replaced as needed. If a child has

a bathroom accident or gets wet outside and has no extra clothing, the parent may be called to come pick up the child or to bring some clothes.

**I will drop off my child at their camp room each morning and sign them in. I will pick up my child from their camp room AFTER I HAVE SIGNED THEM OUT.

Greenhouse Montessori will only release children to other parties with written consent from the parent in ADVANCE. It is expected that children will be picked up and dropped off by the same person. Any changes (grandparents, carpool, other parents) will only be allowed if set up in ADVANCE.

**I will submit this form as well as the Emergency Information and Immunization Record Card upon enrollment. I understand that my child will not be admitted to the program without these forms submitted.

**Greenhouse Montessori reserves the right to dismiss any child from the program for inappropriate behavior including, but not limited to, violence, profanity, unsportsmanship, or bullying, without program refund.

I comply with the above conditions. If at any time my child or I do not follow the above conditions, the program may be ended at the discretion of Greenhouse Montessori.

By signing below, you agree to *all* items listed in this agreement.

Parent's name printed

Parent's signature

Date



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

| | | |
|---|-----------------------|---|
| Child's Name: | Date Enrolled: | Updated: |
| Home Address (#, Street, City, State, Zip Code): | | Date Disenrolled: |
| Home Phone: | Date of Birth: | Sex: <input type="checkbox"/> male <input type="checkbox"/> female |

| | |
|---------------------------------|---|
| Mother or Guardian Name: | Home Address (#, Street, City, State, Zip Code): |
| Cell Phone (optional): | Contact Telephone Number: |

| | |
|---------------------------------|---|
| Father or Guardian Name: | Home Address (#, Street, City, State, Zip Code): |
| Cell Phone (optional): | Contact Telephone Number: |

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)

| | |
|--------------|----------------------------------|
| Name: | Contact Telephone Number: |

If Medical care is necessary, call:

| | | |
|------------------------------|--------------|----------------------------------|
| Health Care Provider* | Name: | Contact Telephone Number: |
|------------------------------|--------------|----------------------------------|

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

| | |
|---|--|
| In case of injury or sudden illness, I request that this individual be called first: | |
|---|--|

The following individual(s) may NOT remove my child from the facility:

| |
|-----------------|
| Name(s): |
|-----------------|

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Copy of current official documented immunization record attached |
| <input type="checkbox"/> | Religious Beliefs exemption form signed by parent/guardian attached |
| <input type="checkbox"/> | Medical Exemption form signed by physician and parent/guardian attached |
| <input type="checkbox"/> | Signed Laboratory Proof of Immunity form attached |

| | | | |
|--|-------------|-------------|-------------|
| Notification of immunizations needed sent to Parent(s) or Guardian(s): | mo /day/ yr | mo /day/ yr | mo /day /yr |
| Updated immunizations received and attached: | mo /day/ yr | mo /day/ yr | mo /day /yr |

Medical Information

| |
|--|
| Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs: |
| Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions: |
| Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure: |
| Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions: |
| Additional comments: |
| Other special instructions: |

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

| | | |
|-------------------------------|--------------|-------|
| Parent/Guardian PRINTED Name: | SIGNED Name: | DATE: |
|-------------------------------|--------------|-------|

