

OAK HILL MONTESSORI SCHOOL

SUMMER CAMP REGISTRATION FORM

Child's Full Name (first,middle,last) _____ Preferred Name _____

Home Address _____ City _____ State, Zip Code _____

Date of Birth _____ Age _____ Entering Grade Level _____ Male / Female _____

Parent/Guardian Name _____

Phone _____ Email Address _____

Parent/Guardian Name _____

Phone _____ Email Address _____

Please register my child for the following camps (check all that apply):

- | | | |
|--------------------------|-----------------|---------------------------------|
| <input type="checkbox"/> | June 18 - 22 | Paws and Claws |
| <input type="checkbox"/> | June 25 - 29 | Artrageous |
| <input type="checkbox"/> | July 9 - 13 | Water, Water Everywhere |
| <input type="checkbox"/> | July 16 - 20 | Earth, Wind and Fire (Outdoors) |
| <input type="checkbox"/> | July 23 - 27 | Kitchen Apprentice |
| <input type="checkbox"/> | July 30 - Aug 3 | Summer Fan Favorite |
| <input type="checkbox"/> | August 6 - 10 | Once Upon a Time: Part 1 |
| <input type="checkbox"/> | August 13 - 17 | Once Upon a Time: Part 2 |

Total number of weeks _____

Fees

Preschool thru 6th grade (ages 3 - 11): \$275 per week

Toddler (16 - 35 months): \$360 per week

After Care: \$60 per week per child

Hours

Drop-off: Between 8:30am - 9:00am

Programming: 9:00am - 4:00pm

After Care: 4:00pm - 5:30pm

I have enclosed a check for the summer camp balance in full. _____

I have enclosed a \$300.00 deposit. I understand that I will be invoiced for the remainder of camp fees, and that registration is non-refundable after May 1, 2018.

Signature of Parent / Guardian: _____ Date: _____

Checks may be made payable to Oak Hill Montessori:

Oak Hill Montessori, Attn: Summer Camp

4665 Hodgson Road

Shoreview, MN 55126

For Office Use

Date Rec'd: _____ Check # _____