



Swannanoa Valley
Montessori School

Student Application for Summer Camp

Child's Full Name: _____

Name commonly used: _____

Birth Date: _____ Age: _____ (circle one) Male Female

School(s) / day care(s) attended: _____

A \$50 non-refundable deposit is due with this application to reserve your space for camp. The deposit will go toward the \$120 fee for camp. The remaining \$70 is due by May 15. All fees are non-refundable.

Parent/Guardian: _____	
Address, home: _____	
Address, business: _____	
Phone, home: _____	Business: _____
Cell: _____	email: _____
Parent/Guardian: _____	
Address, home: _____	
Address, business: _____	
Phone, home: _____	Business: _____
Cell: _____	email: _____
Siblings (names and birth dates): _____	

Daily Camp Hours: Sessions 1 & 2--9am-1pm Sessions 3 & 4--8:30am-12:30pm Cost of Camp: \$120/week
Please fill in and or check the weeks in which you wish to enroll your child.

SESSIONS	
6-10 yrs June 14-18	
June 21-25	
3-6 yrs July 12-16	
Aug. 9-13	

Walking Field Trip Release: The undersigned parent authorizes SVMS to take your child on a walking field trip.
Signature _____ Date _____

Photo Release: I give my permission to SVMS to use photographs taken of the above named child at SVMS for promotional use.
Signature: _____ Date _____