



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 fee for camp. The remaining balance 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):	_____

Sessions 1 & 2--9am-1pm Cost of Camp: \$125/week
Session 3 10am-12pm Cost of Camp: \$70 + \$14 materials

Session #	Date	Session Name	Ages	Check here
1	June 13 - 17	Peace Camp	3 – 6 years old	
2	June 13 - 17	Environmental Education Camp	6 – 12 years old	
3	June 20 - 24	Magic Camp	7+ years old	

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 _____