

**2018 Bloomington Montessori School
Summer Camps
Camp and Registration Information**

Dear Parents,

Summer camps for 2018 will be held for a total of 6 weeks, from June 4th until July 13th. There will be (3) two-week sessions. Preschool sessions are open to our BMS preschoolers enrolled for fall. ***Incoming Montessori first graders attend elementary camps rather than preschool camps.*** Non-Montessori elementary students are welcome to attend elementary camps.

You must provide a sack lunch that does not require refrigeration for all camps. Please note that we have a NUT FREE campus!

All-day preschool camp - Camp will run from 8am to 5:30pm. The cost is \$402 per two-week session. Session 3 is at a discounted cost of \$362 due to our closure for July 4th.

Half-day preschool camp - Camp will run from 8:30 am to 12:30pm. The cost is \$244 for each of the two-week sessions. Session 3 is at a discounted cost of \$220 due to our closure for July 4th.

Elementary camp - Camp will run from 8:30am to 3:30pm. The cost is \$315 for the two-week session. Session 3 is at a discounted cost of \$283 due to our closure for July 4th.

AfterCare - We will be offering an optional AfterCare for Elementary students from 3:30pm until 5:30pm. The cost will be \$100 per two week session. AfterCare for individual days will not be offered. Session 3 AfterCare will be at a discounted cost of \$90 due to our closure for July 4th.

Please print and fill out two forms, the registration form and the student information form. **One of each form is required for each child you are registering.**

Places are filled on a first-come, first serve basis. Open enrollment for elementary students who do not attend BMS will begin April 3rd. **The last day for camp enrollment is Wednesday, May 24th.** Payment is due the first day of each camp session. If a class is cancelled due to low enrollment, you will receive a full refund.

Thank you for your interest in BMS Summer Camps!

Roger K. Meridith
Head of School



**Bloomington Montessori School 2018
Summer Camp Registration
One Registration Form *Per Student***

Student's Name: _____
Student's Age & Grade for the 2018-19 school year: _____

ALL-DAY PRESCHOOL: PLEASE CIRCLE SESSION(S) ATTENDING

You must provide a sack lunch that does not require refrigeration for all camps. Please note that we have a NUT FREE campus!

SESSION/CAMP NAME/TEACHER		COST
SESSION 1	JUNE 4-JUNE 15	Total Cost: \$402
SESSION 2	JUNE 18-JUNE 29	Total Cost: \$402
SESSION 3	JULY 2-13 NO CAMP JULY 4	Total Cost: \$362

HALF-DAY PRESCHOOL: PLEASE CIRCLE SESSION(S) ATTENDING

You must provide a sack lunch that does not require refrigeration for all camps. Please note that we have a NUT FREE campus!

SESSION/CAMP NAME/TEACHER		COST
SESSION 1	JUNE 4-JUNE 14	Total Cost: \$244
SESSION 2	JUNE 18-JUNE 29	Total Cost: \$244

SESSION 3	JULY 2-13 NO CAMP JULY 4	Total Cost: \$220
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**Bloomington Montessori School 2018
Summer Camp Registration
One Registration Form *Per Student***

Student's Name: _____

Student's Age & Grade for the 2018-19 school year: _____

ELEMENTARY: PLEASE CIRCLE SESSION(S) ATTENDING AND AFTERCARE, IF DESIRED

You must provide a sack lunch that does not require refrigeration for all camps. Please note that we have a NUT FREE campus!

SESSION/CAMP NAME/TEACHER		COST	AfterCare	TOTAL DUE
SESSION 1	JUNE 4-JUNE 15	Total Cost: \$315	AfterCare \$100 YES/ NO	\$
SESSION 2	JUNE 18-JUNE 29	Total Cost: \$315	AfterCare \$100 YES/ NO	\$
SESSION 3	JULY 2-13 NO CAMP JULY 4	Total Cost: \$283	AfterCare \$90 YES/ NO	\$



**2018 Bloomington Montessori School
Summer Camps
Student Information Form**

One form per student must be filled out along with the summer camp registration form.

Student Name _____
Preferred First Name _____
Address _____
Age _____ Last grade level completed: _____

Parents' Names:
Parent _____
Cell # _____
Home # _____
 Email _____
Parent _____
Cell # _____
Home # _____
 Email _____

**PLEASE INDICATE, BY CHECKING
THE BOX(ES) ON THE LEFT,
WHICH EMAIL SHOULD RECEIVE
CAMP COORESPONDENCE
INCLUDING STATEMENTS, FIELD
TRIP DETAILS, SPECIAL
ANNOUNCEMENTS, ETC.**

In case of emergency, I grant permission for emergency medical treatment.
INITIALS: _____

In case of illness, or an accident, whom should we call if we are unable to reach you?

Name _____	Name _____
Cell # _____	Cell # _____
Home # _____	Home # _____
Email _____	Email _____
Doctor _____	Phone# _____
Medications _____ Allergies _____	
Does your child require an Epi-Pen? _____	

Does your child have any dietary restrictions? _____

Parent Name (please print) _____

Parent Signature _____



Bloomington Montessori School
1835 S. Highland Avenue - Bloomington, IN 47401 - 812-336-2800

**2018 Summer Camp ALL-PURPOSE PARENT PERMISSION FORM FOR
FIELD TRIPS, STUDY-TRAVEL ACTIVITIES
AND TRANSPORTATION FOR CO-CURRICULAR ACTIVITIES**

I/We, the parents/guardians of the student(s) : _____
hereby grant permission for our son/daughter for the following, including, but not limited to, participation and transportation to and from Bloomington Montessori School for Field Trip and study travel activities. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems may arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). We further agree to release and hold harmless the school, Bloomington Montessori School Board of Directors, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants emergency medical attention, I understand every effort will be made to contact me to obtain my parental authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that a student must return to Bloomington Montessori School independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

Parent/Guardian Name (Please Print): _____
Date: _____

Parent/Guardian (Signature): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

My child needs the following when traveling to and from a school sponsored activity.

Car Seat

Booster