

Riverbend Montessori Summer Camp 2019

**DISCOVER. CONNECT.
GET INSPIRED.**

Give your child the opportunity to enjoy summer fun in a nurturing authentic Montessori environment. Summer at Riverbend Montessori is a time for curiosity and exploration. Children will enjoy Friday pizza and splash day, outdoor activities, science experiments, arts and crafts.

Each day your child will have a work period focusing on continuity of knowledge and making sure that what they have learned during the school year is kept fresh in their minds.

With a different theme each week, our campers will undertake activities such as exploring the lifecycle of insects to unearthing exciting information about dinosaurs.

We offer before and after care which our parents can utilize for their busy schedules.

DAILY SCHEDULE

9:00 - 11:00	WORK PERIOD
11:00 - 11:30	OUTSIDE PLAYTIME (HALF DAYS)
11:30 - 12:00	CIRCLE TIME
12:00 - 12:30	LUNCH / FULL DAY CAMPERS
12:30 - 1:00	OUTSIDE PLAYTIME
1:00 - 2:30	AFTERNOON WORK PERIOD (NAP FOR UNDER 4 YRS.)
2:30 - 3:00	AFTERNOON CIRCLE AND SNACK
3:00	DISMISSAL

Weekly Themes

	<i>Week of</i>	<i>Theme</i>
Week 1	5/28	Human Body
Week 2	6/3	Bugs
Week 3	6/10	Cooking
Week 4	6/17	Art
Week 5	6/24	Children of World
Week 6	7/1	NO CAMP
Week 7	7/8	Chinese Culture
Week 8	7/15	Theatre Week
Week 9	7/22	Native Americans
Week 10	7/29	Science



HOW DO I ENROLL?

You may pick up a 2019 Summer Camp Enrollment Form from the Front Office or we can email you a PDF link. Complete the form and return it with your deposit to the Front Office no later than March 8th to reserve your child's place.

New students to Riverbend who are planning to enroll for the 2019-2020 School Year must have completed a school enrollment form before they will be permitted to enroll in Summer Camp. Please see Ms. Kimberly in the Front Office for this form.

Summer Camp at Riverbend Montessori is offered to enrolled students only.

Camp Hours

Before Care	8:30 am - 9:00 am
Half Days	9:00 am - 12:00 pm
Full Days	9:00 am - 3:00 pm
After Care	3:00 pm - 4:30 pm

Summer Office Hours

MONDAY	9 AM - 3 PM
TUESDAY	9 AM - 3 PM
WEDNESDAY	9 AM - 3 PM
THURSDAY	9 AM - 3 PM
FRIDAY	9 AM - 3 PM

We will be closed:
July 1-5, 2019
August 5-9, 2019

Questions?

Please call us at (281) 980-4123
(During Office Hours)
email: info@riverbendmontessori.com





RIVERBEND MONTESSORI SUMMER CAMP 2019

ENROLLMENT FORM

 New Student for 2019-2020

 Current Student

GENERAL INFORMATION

Child's Full Name:	Date of Birth:	Age on 9/1/2019:	
Address:		City:	State: Zip:
Father/Guardian Name:	Occupation & Employer	Father/Guardian Business Phone:	Father/Guardian Cell Phone:
Mother/Guardian Name	Occupation & Employer	Mother/Guardian Business Phone:	Mother/Guardian Cell Phone:
Are Parent's divorced?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, who has custody?	
Email Address:			
Facebook Email Address: (if different than above)			

IN CASE OF EMERGENCY, Relative or Friend who can be contacted: (cannot be parent)

Name & Relationship	Phone Number:
Address:	City, State, Zip:

PICK UP AUTHORIZATION

The following persons are authorized to pick up my child from Riverbend Montessori School:

NAME OF PERSON	RELATIONSHIP	TELEPHONE NUMBER
1		
2		

CONSENT INFORMATION

CHECK ALL THAT APPLY

1. TRANSPORTATION	<ul style="list-style-type: none"> • I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to be transported and supervised by the operation's employees for emergency care .
2. SNACKS / FRIDAY LUNCH	<ul style="list-style-type: none"> • I understand that snacks will be served to my child while in care: <input type="checkbox"/> AM Snack <input type="checkbox"/> PM Snack • I understand that Cheese Pizza will be served to my child for Friday Lunch.
3. WATER ACTIVITIES	<ul style="list-style-type: none"> • I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to participate in Water Activities: (Which includes sprinkler play, splashing / wading pools, water table play)
4. PHOTO RELEASE	<ul style="list-style-type: none"> • I acknowledge receipt of the Riverbend Montessori Photo Release policy as written in the Parent Handbook. <input type="checkbox"/> I give permission for photos of my child to be used. <input type="checkbox"/> I do NOT give permission for photos of my child to be used.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician -OR-		Address:		Phone Number
Name of Emergency Medical Care Facility or Hospital		Address:		Phone Number

I give consent for the facility to secure any and all necessary emergency medical care for my child.	<div style="border-top: 1px solid black; display: flex; justify-content: space-between;"> Signature - Parent or Legal Guardian Date </div>
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ADMISSIONS REQUIREMENT CHECKLIST

All requirements MUST be checked

1. HEALTH CARE PROVIDERS STATEMENT (HCPS) ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN (AAERCP) IMMUNIZATION RECORD	<input type="checkbox"/> HCPS, AAERCP & Immunization records on file from the 2018-2019 will be used. PARENT'S INITIALS: _____
2. NEW STUDENTS COMMENCING AUGUST 2019	<input type="checkbox"/> Children commencing enrollment at Riverbend Montessori in August 2019, will provide the HCPS, AAERCP & Immunization Records by May 17, 2019 . Your child will not be permitted to attend camp if we do not have these records on file. PARENT'S INITIALS: _____
3. IMMUNIZATION POLICY	All children who enter Riverbend Montessori have been immunized per the Texas Minimum State Vaccine requirements for child care PARENT'S INITIALS: _____

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

NO CHANGES FROM THE 2018-2019 SCHOOL YEAR. PLEASE USE FORMS ON FILE. PARENT'S INITIALS: _____

Does your child have diagnosed food allergies? Yes No If yes, we will use the AAERCP on file unless you advise us otherwise.

Disallowed Foods? Yes No If yes, please specify: _____

FINANCIAL AGREEMENT PLEASE INITIAL ALL BELOW

	INITIALS
I have enclosed my non-refundable deposit of \$ _____ which is \$50 per week. All deposits are due no later than March 8, 2019 . Please make checks payable to Riverbend Montessori	
I understand the balance of Summer Camp Tuition will be due on April 26, 2019 . Once this is paid, tuition becomes non-refundable.	
I agree that I am responsible for tuition for the entire week(s), regardless of the number of days absent.	
I understand that a fee of \$20 will be charged on all returned checks.	
I understand that a \$10 late pick up fee will be assessed after the last car in line-up has left.	
AFTER CARE: I understand that I will be charged \$1 per minute for late fee pick up after 4:30 pm.	
I understand that minimum enrollment numbers are required. If we do not meet numbers for a particular week, camp will be cancelled and you will be refunded the relevant tuition for that period.	
I understand that up until May 17, 2019 , Summer Camp selections may be substituted for other weeks, if a vacancy is available. After this date, no changes will be permitted.	
I understand that a fee of \$25.00 will be charged on all returned checks.	
I understand that a \$10 late pick up fee will be assessed after the last car in the line up has left for half day students. Full day students will be charged the after school care fee after the last car in the lineup has left.	

WEEKLY SESSIONS

Please check and circle ALL that apply:

	HALF DAYS <small>9:00 AM - 12:00 PM)</small>	FULL DAYS <small>9:00 AM - 3:00 PM)</small>
<input type="checkbox"/> ENTIRE SUMMER (MAY 28 - AUGUST 2)	\$1,765	\$2,200

FOR BEFORE AND AFTER CARE: Please circle below (in Weekly Sessions) all that apply

WEEK	DATES	TOPIC	HALF DAYS <small>(9:00 AM - 12:00 PM)</small>	FULL DAYS <small>(9:00 AM - 3:00 PM)</small>	BEFORE CARE <small>(8:30 AM - 9:00 AM)</small>	AFTER CARE <small>(3:00 PM - 4:30 PM)</small>
<input type="checkbox"/> WEEK 1	MAY 28 - 31	HUMAN BODY	\$160	\$200	\$25	\$40
<input type="checkbox"/> WEEK 2	JUNE 3 - 7	BUGS	\$200	\$250	\$25	\$40
<input type="checkbox"/> WEEK 3	JUNE 10 - 14	COOKING	\$200	\$250	\$25	\$40
<input type="checkbox"/> WEEK 4	JUNE 17 - 21	ART	\$200	\$250	\$25	\$40
<input type="checkbox"/> WEEK 5	JUNE 24 - 28	CHILDREN OF THE WORLD	\$200	\$250	\$25	\$40
<input type="checkbox"/> WEEK 6	JULY 1 - 5	NO CAMP THIS WEEK	N/A	N/A	N/A	N/A
<input type="checkbox"/> WEEK 7	JULY 8 - 12	CHINESE CULTURE	\$200	\$250	\$25	\$40
<input type="checkbox"/> WEEK 8	JULY 15 - 19	THEATRE WEEK	\$200	\$250	\$25	\$40
<input type="checkbox"/> WEEK 9	JULY 22 - 26	NATIVE AMERICANS	\$200	\$250	\$25	\$40
<input type="checkbox"/> WEEK 10	JULY 29 - AUG. 2	SCIENCE	\$200	\$250	\$25	\$40

PARENT SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

✓	WEEK	HALF	FULL	B/C	A/C	AMOUNT/ WK	
	1	160	200	25	40		
	2	200	250	25	40		
	3	200	250	25	40		
	4	200	250	25	40		
	5	200	250	25	40		
	7	200	250	25	40		
	8	200	250	25	40		
	9	200	250	25	40		
	10	200	250	25	40		
TOTAL							

TOTAL CAMP COST	LESS DEPOSIT PAID DATE PAID	BALANCE DUE	DATE BALANCE PAID	<input type="checkbox"/> ENTERED DEPOSIT <input type="checkbox"/> ENTERED BALANCE
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