



**VALLEY FORGE
KINDER HOUSE**
MONTESSORI SCHOOL

Application for Summer Camp 2014

Applicant's Name: _____
 (Last) (First) (Middle)

Preferred Name: _____ Male Female **Birth day:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____ **Primary Phone:** _____

Primary Email(s): _____

Current/Prior School: _____ **Prior Montessori experience?** Y N

Please select a program: *(VFKH recommends signing up for at least two weeks)*

Montessori Camp:

- Half Day 9 AM - 12 PM \$170
- Half Day + Lunch 9 AM - 1 PM \$195
- Full Day 9 AM - 3 PM* \$250

**(Does your child nap? _____)*

Before and After Camp Programs:

- Early Bird 7:30 - 9 AM \$40
- Kinder Kammer 1 3 - 4:30 PM \$45
- Kinder Kammer 2 3 - 5:30 PM \$85

Enrichment Programs (elementary children only):

- June 16 - 20** Art Week \$200
- + Afternoon Montessori Camp \$280
- June 23 - 27** Water Exploration \$200
- + Afternoon Montessori Camp \$280
- Aug. 18 - 22** Theatre Camp \$200
- + Afternoon Montessori Camp \$280

(Must be signed up for a Montessori Camp to enroll in Before & After Programs)

Please select the weeks your child will attend camp:

(Additional weeks may be added at a later time)

- | | | |
|---|---|--|
| <input type="checkbox"/> Week 1 June 16 - 20 | <input type="checkbox"/> Week 4 July 7 - 11 | <input type="checkbox"/> Week 8 Aug. 4 - 8 |
| <input type="checkbox"/> Week 2 June 23 - 27 | <input type="checkbox"/> Week 5 July 14 - 18 | <input type="checkbox"/> Week 9 Aug. 11 - 15 |
| <input type="checkbox"/> Week 3 June 30 - July 3 | <input type="checkbox"/> Week 6 July 21 - 25 | <input type="checkbox"/> Week 10 Aug. 18 - 22 |
| | <input type="checkbox"/> Week 7 July 28 - Aug. 1 | |

If your program will vary through the summer, please specify the weeks and correlating programs

**TURN
OVER**



Parent 1:	Parent 2:
(Title) (First) (Middle) (Last)	(Title) (First) (Middle) (Last)
(Address, if different from student)	(Address, if different from student)
(City) (State) (Zip)	(City) (State) (Zip)
(Home Phone) (Cell Phone)	(Home Phone) (Cell Phone)
(Email Address)	(Email Address)
(Occupation)	(Occupation)
(Company Name) (Work Number)	(Company Name) (Work Number)

If parents are separated or divorced what is the custody arrangement?

If separated or divorced, which parent is to receive further camp information?

Father Mother Both

Is there any language other than English spoken in the home, and to what extent?

What would you like VFKH Montessori Camp to know about your child?

*The application **must** be accompanied with payment for the first week of attendance. Please make checks payable to VFKH Montessori School.*

Parent Signature: _____ **Date:** _____

Payment schedule for all programs

- ❖ Balance for Weeks 1, 2 and 3 due May 1st
- ❖ Balance for Weeks 4, 5, 6 and 7 due June 1st
- ❖ Balance for Weeks 8, 9, and 10 due July 1st

Payment for first week attendance due with application. Make checks payable to VFKH Montessori School.