

Toddler Summer Camp 2012

Ages 16 months - 3 years

For Enrolled Students Only

(Current and September Starts)



ST. CROIX
Montessori School

Unlimited Potential. Individual Success.

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Toddler Summer Camp 2012

New This Year
(FOR ENROLLED STUDENTS ONLY)

Join us for **10** fun-filled weeks of summer adventure at St. Croix Montessori School as we explore art, cooking, farm animals, music, plants and movement. **(ages 16 months to 3 years)**
We reserve the right to cancel a session if fewer than 5 campers enroll.

Weeks 1 & 2 June 11 – June 22 **Adventures in Art**

Your child will discover their inner Picasso as they explore different mediums in art including clay, paint, chalk and much more.



Weeks 3 & 4 June 25 - July 6 **Creative Cooking**

Children will start to learn the basics of cooking and baking by making delicious masterpieces.



Weeks 5 & 6 July 9 – July 20 **Summer on the Farm**

Get to know the alpacas, donkeys, chickens and all living things around us through nature walks, animal care and plant care on our farm.



Weeks 7 & 8 July 27 – August 3 **Movement in Music**

Your child will begin to recognize the sounds of different instruments and music and find their inner musician through singing.

Weeks 9 & 10 August 6 – August 17 **Hop, Skip and Jump**

Jump into nature as we learn about the importance of movement and how to keep ourselves safe and healthy in the world around us.





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Toddler Summer Camp
2012 Registration Form
 (16 months - 3 years old)
 (For Enrolled Students Only)

Please complete this form and return it along with the complete fees or one week deposit (which will be applied to your last week of camp) by May 18, 2012. Camp fees will be invoiced at the beginning of each month and are due upon receipt. After care will be billed at the end of each month. In the event that you must cancel your child's camp registration, please do so 2 weeks prior to the start of the camp. Full camp fees will be assessed after this date.

St. Croix Montessori School WILL BE CLOSED on Wednesday, July 4th.

(We reserve the right to cancel a session if fewer than 5 campers enroll)

Camper's Name: _____ Birthdate: _____

Please check the camps and any before/after care needed.

Camp Dates:	Week	Camp Name:	Half Day 9:00 - 12:00 \$155 per week	Full Day 9:00 - 4:00 \$250 per week	Before Care (8:00 - 9:00) \$6.50 per hour	After Care (4:00 - 5:30) \$6.50 per hour
June 11 - 15	1	Adventures in Art				
June 18 - 22	2	Adventures in Art				
June 25 - 29	3	Creative Cooking				
July 2 - 6	4	Creative Cooking				
July 9 - 13	5	Summer on the Farm				
July 16 - 20	6	Summer on the Farm				
July 23 - 27	7	Movement in Music				
July 23 - Aug 3	8	Movement in Music				
Aug 6 - 10	9	Hop, Skip and Jump				
Aug 13 - 17	10	Hop, Skip and Jump				
Subtotals:						
Total:						
Less Deposit Paid						
Balance Due:						

Please initial and sign below.

I/We give permission for my/our child(ren) to be photographed and for this photo to be published by the local press or by St. Croix Montessori School.

Parent/Guardian Signature: _____ Date: _____



Toddler Summer Camp - 2012 (For Enrolled Students Only) Emergency Information

Name _____	Birth Date _____	Age _____
Street Address _____	City _____	State _____ Zip _____

Parent Name _____	Cell _____
Home Phone _____	Work Phone _____
Address (if different) _____	

Parent Name _____	Cell _____
Home Phone _____	Work Phone _____
Address (if different) _____	

Emergency Contact _____	Relationship to Child _____
Cell _____	Home Phone _____
Work Phone _____	
Address _____	

Emergency Contact _____	Relationship to Child _____
Cell _____	Home Phone _____
Work Phone _____	
Address _____	

Physician/Pediatrician _____	Phone: _____
Address _____	

Family Dentist _____	Phone _____
Address _____	

Specific instructions regarding care if not covered previously: _____

Any known ALLERGIES: _____

Date of last tetanus shot: _____

I/we understand that in some emergency situations, St. Croix Montessori School will need to contact emergency medical service before I/we, our child's physician, and/or other adult acting on our behalf can be notified. In the event of a medical emergency, I/we understand that my/our child will be transported to the nearest hospital, HealthEast Woodwinds, if the local emergency unit determines this is necessary for treatment.

I/we hereby grant permission to the staff of St. Croix Montessori School to take whatever emergency measures are judged necessary for the care and protection of my/our child while under supervision of the school.

Parent/Guardian Signature(s) _____ Date: _____

* Please notify the school office if this emergency information changes during the summer session.