



# JAMON MONTESSORI'S

## S.T.E.M. & Spanish Immersion **Adventure Camp**

### Camper's Application

**Tadpoles:** 2 & 3 years old

**Grasshoppers:** 3 & 4 years old (must be fully potty trained to be considered for grasshoppers)

**Fire Flies:** 5-10 years old

This application requires a \$100.00 per a camper summer deposit. I understand that it is non-refundable and will be applied to the last camp week requested on this form. Camp tuition must be paid in the form of a check, no credit cards or Tuition Express payments.

<b>Application &amp; Deposit Fee \$100.00</b>		<b>Check an option</b>
<b>Session I (June 29 - July 24)</b> Week 1: 6/29-7/2 Week 2: 7/6-7/10 Week 3: 7/13-7/17 Week 4: 7/20-7/24	<b>\$1,155.00</b> <b>\$1,185.00 (Tadpoles only)</b>	
<b>Session II (July 27 - August 21)</b> Week 1: 7/27-7/31 Week 2: 8/3-8/7 Week 3: 8/10-8/14 Week 4: 8/17-8/21	<b>\$1,155.00</b> <b>\$1,185.00 (Tadpoles only)</b>	
<b>Weekly Rates</b>	<b>\$305.00</b>	
	<b>\$315.00 (Tadpoles only)</b>	
<b>Afternoon Extended Care 3:00-6:00pm</b>	<b>\$250.00 (per session)</b>	
	<b>\$75.00 (Weekly Rate)</b>	
<b>½ Day</b>	<b>\$1,020/\$1,030 (Tadpoles only)</b>	

*Fees above reflect pool fees which includes admission and transportation. Any registration received after June 8th will incur a \$8 weekly fee surcharge pd w/ cash only*

Before Care 7:30 - 8:35 am \$65 session \_\_, \$30 weekly \_\_, \$10 daily drop-in \_\_

**Indicate week:**

**Session I:** \_\_ Week 1: 6/29-7/2 \_\_ Week 2: 7/6-7/10 \*No camp July 4th

\_\_ Week 3: 7/13-7/17 \_\_ Week 4: 7/20-7/24

**Session II:** \_\_ Week 1: 7/27-7/31 \_\_ Week 2: 8/3-8/7  
\_\_ Week 3: 8/10-8/14 \_\_ Week 4: 8/17-8/21

Camper's Name: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Male: \_\_ Female: \_\_

Age: \_\_ Birthday: \_\_\_\_\_ Known allergies: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_ Medicine: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Male: \_\_ Female: \_\_

Age: \_\_ Birthday: \_\_\_\_\_ Known allergies: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_ Medicine: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Pediatrician's Number: \_\_\_\_\_

Pediatrician's Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ & \_\_\_\_\_

Marital Status: \_\_ Married \_\_ Single \_\_ Divorced \_\_ Widowed \_\_ Separated

Address: \_\_\_\_\_

Home Numbers: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Cell Number \_\_\_\_\_

Work Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

List name and social security number of person(s) responsible for tuition payment. Please note that this application will NOT be processed without this information, unless you are making the summer tuition payment in full.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Camp Contract for 2020

1. Tuition is due on the first day of the session/week your camper is enrolled  
Session I is due on **June 29, 2020** Session II is due on **July 27, 2020**.
2. **LATE TUITION POLICY:** If tuition is not received in the office within the first 3 business days of the scheduled due date, a **\$35.00** late fee will be charged to your account.
3. The camp is closed daily at 6:00pm. A **\$1.00** fee per minute for LATE PICK UP will charge to any parent picking their child up after the camp has closed. If there is an extreme emergency, please contact the office as soon as you are aware of the problem. Continued abuse of pick-up time can result in the child's expulsion. Parents will be required to pay the late fee in cash and before the child can return to camp. This also applies to early camp closings. Students coming before 8:35 am, must be enrolled in Before Care, otherwise, a \$10 Drop-in Fee will be assessed.
4. A **\$45.00** processing fee will be charged for RETURNED CHECKS.
5. Once a space is available, a **\$100.00** deposit is required to reserve space for the enrolling camper. The deposit is non-refundable and will be applied to the last week the camper is enrolled.
6. This contract is binding for the entire summer camp and parents are responsible to have payments turned in on time. Newly enrolled campers have a probationary period of 15 days, to give a 15-day written notice of withdrawal. After the probationary period, new parents are liable to pay the camp tuition at the beginning of each session for the remainder of the summer. JMDS does reserve the right to request withdrawal of any camper for any reason.
7. Before any **MEDICATION** can be administered to your child, the parent and health practitioner must sign the appropriate forms and the medication must be in its original container.
8. Parents are responsible for providing a wholesome lunch for your child. No candy. Please note, campers eat outside, please pack a brown bag lunch for campers.
9. Cots are available for nap time. Parents are expected to provide appropriate linen that will be returned on Friday for cleaning and should be returned or replaced on Monday morning.
10. The State of Maryland requires that **ALL HEALTH** records are to be submitted to the camp on or before the first day of classes. As required by the state of Maryland, any child without the forms, or lack of appropriate immunizations will not be permitted to enter the program. Parents are responsible to update the immunizations annually. Families are to abide by the state mandate regarding communicable diseases. Sick children will be not being permitted to remain in camp and will be sent home immediately.
11. If your student is not able to participate in the daily activities of the camp, you must make other arrangements for him/her until he/she is healthy enough or able to reconvene in their daily activities.
12. Only persons listed on the **EMERGENCY CARD** will be permitted to pick your child up, unless prior written authorization is provided. Even with written authorization, a photo ID is required.
13. JMDS follows Montgomery County Public Schools for unexpected emergencies and inclement weather decisions within our summer calendar. No refunds are issued for emergency closings.
14. I give Jamon Adventure Camp permission to the photos of my child(ren) in promotion of their programs.
15. In the event your child becomes ill at JMDS and requires emergency medical transportation, parents will assume any fees associated with that transport and medical care
16. **THIS CONTRACT IS BINDING FOR THE 2020 Jamon Adventure Camp.** It is subject to change upon renewal.

_____	____/____/____	_____	____/____/____
Signature	Date	Signature	Date