



Hands-on Summer '17

@ CMS Ages: 7-10



This summer, Ms. Amy will be offering a 4 week summer camp. Each week will offer a different theme. Sign up NOW!

Week 1: June 5-9 Home Economics

Week 2: June 12-16 Gardening

Week 3: June 19-23 Art

Week 4: June 26-30 Animals & Science

REGISTRATION FORM FOR HANDS-ON SUMMER '17

CAMP INFORMATION

This is a hands on summer camp that will have your child entertained for hours! Each theme will have unique and varried crafts and activites planned. A morning and afternoon organic snack will be provided each day. All materials are included.

****Please note:** No child should need to bring anything from home. iPads, tablets, and phones are **not** to be brought to summer camp.

CAMP HOURS

Camp hours will be from 8am until 3pm. Aftercare is availble for your child until 5 pm if needed.

****Please note Aftercare(3:05-5pm) will be an additional \$20 per day. If you already know in advance you need it please add \$100 to each week attending. If you are unsure please have payment ready when you pick up your child.**

I understand that I, _____, need to pick my child up by 3pm each day or I will be charged a \$20 fee for aftercare. I will have \$20 payment ready at the time of picking up my child.

CAMPER'S
INFORMATION

Camper's Name: _____

Birthdate: _____

**Allergies/ dietary
needs:** _____

Any activities camper should be restricted from:

**Any medications camper should take during the time at
camp:** _____
Time: _____

****Please note: All campers must have a lunch provided by the parent a lunch for each day attending camp. CMS is a peanut and tree nut free school. One microwave will be accessible for your child's lunch, if needed.**

PARENT/
GUARDIAN
INFORMATION

Name:
(mother) _____

Phone Number:
_____(cell)
_____(work)

EMERGENCY
INFORMATION

Name:
(father) _____

Phone Number:
_____(cell)
_____(work)

Emergency Contact: _____

Phone Number:
_____(cell)
_____(work)
_____(home)

Do we have permission to contact doctor in emergency?
YES NO

Doctor: _____ Phone: _____

Do we have permission to take your child to a hospital emergency room?
YES NO

Preferred hospital: _____

If needed do we have permission to allow your child to be taken to hospital by an emergency vehicle to the nearest hospital?
YES NO

CARPOOL INFORMATION

Name: _____ **Phone:** _____

Address:

Name: _____ **Phone:** _____

Address:

You may enroll your child for any or all weeks. Please write the total amount for which week you and your child decide to choose in the box below.

SIGN UP

Description	Price	Aftercare	Total
Week 1: June 5-9 Home Economics	\$ 250	\$ 20	
Week 2: June 12-16 Gardening	\$ 250	\$ 20	
Week 3: June 19-23 Art	\$ 250	\$ 20	
Week 4: June 26-30 Animals & Science	\$ 250	\$ 20	

Total:

All enrollment and payments must be received before May 22.

Checks should be made out to Amy Jasmer.

FINAL
AGREEMENT

****Please note: Hands-On Summer '17 has a limit for enrollment and is a non-refundable camp in case any absences occur. Please select your desired dates carefully. All weeks are fully planned and materials and supplies will be provided prior based on the enrollment.**

Hands-On Summer '17 is going to be held in a classroom provided by Center Montessori School. Amy Jasmer will be responsible for my **child(s)**_____.

I, _____ (**print**) give permission for my **child(s)**_____ to be part in the 2017 E1 Summer Camp Amy Jasmer has provided. I understand there will be snacks provided and if my child choses not to consume I will provide a morning and afternoon snack for my child.

Please allow yourself time to go over with your child the safety precautions before attending.

Safety Precautions:

- Use your listening ears.
- No electronics are welcome at Hands-On Summer.
- No running in any classroom.
- Keep all hands to yourself.
- No rough play. **
- Follow all directions during the use of any materials that are being used. **
- Follow all directions and participate properly in ALL games and activities. **
- NUT FREE SCHOOL.

**Each student will receive a total of three warnings throughout the day if he/she are not participating properly. He/she will be able to try again each day. After the third day of having used all three warnings I will be talking to he/she's guardian.

Waiver of Liability

This agreement releases Hands-On Summer from all liability relating to injuries that may occur during (Child's name, print) _____ time at Hands-On Summer. By signing this agreement, I agree to hold Amy Jasmer entirely free from any liability, including financial responsibility from injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in any type of activity my child does at Hands-On Summer. These include but are not limited to all injuries. I swear that I am allowing my child to participate voluntarily, and that all risks have been made clear to me.

Additionally, my child does not have any conditions that will increase their likelihood of experiencing injuries while engaging any or all activities at Hands-On Summer.

By signing below I forfeit all right to bring a suit against Amy Jasmer for any reason. My child will also make every effort to obey safety precautions as listed in writing and as explained to my child verbally during and throughout the days attending Hands-On Summer. I or my child will ask for clarification when needed.

I, _____, fully understand and agree to the above terms.

(Parent/guardian **print**)

(Date)