



### Under the Sea 2010 Educational Summer Camp

Student Name: \_\_\_\_\_ Gender: M F Birthdate: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Marital Status: Married Divorced Separated Never Married

If divorced, who has custody? Mother Father Joint

Child's residing address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

If different, please list Mother's address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

If different, please list Father's address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

New to Montessori education? Yes No If yes, what school was previously attended? \_\_\_\_\_

Current CMA student? Yes No Attended CMA Summer Camp before? Yes No

#### Emergency Contact Information

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Persons authorized to pick my child up from school (those listed are able to pick up my child at any time):

Name: \_\_\_\_\_ DL#: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ DL#: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ DL#: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If there is an emergency involving my child needing urgent medical care, I give CMA permission to call 911 for ambulance transport to the nearest hospital or to the hospital of my choice: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Summer Camp Enrollment Fee:** \$20.00 per child/\$10.00 per sibling (no fee for current CMA students)  
**Summer Camp Supply Fee:** \$20.00 per child

<b>Programs available for children ages 3-6 (Primary) and 7-14 years:</b>			<b>Monthly Tuition</b>
3 full days (7:30am-3:00pm)	Primary _____	Elementary _____	\$410.00
3 full days + aftercare (7:30am-5:30pm)	Primary _____	Elementary _____	\$490.00
5 full days (7:30am-3:00pm)	Primary _____	Elementary _____	\$510.00
5 full days + aftercare (7:30am-5:30pm)	Primary _____	Elementary _____	\$625.00

There is a \$50 per sibling monthly credit for those students enrolled at the monthly rate.

<b>Weekly Rate:</b>	3 full days (7:30am-3:00pm)	\$120.00 _____	Date(s): _____
	3 full days + aftercare (7:30am-5:30)	\$150.00 _____	Date(s): _____
	5 full days (7:30am-3:00pm)	\$145.00 _____	Date(s): _____
	5 full days + aftercare (7:30am-5:30pm)	\$175.00 _____	Date(s): _____

**Daily Rate:** \$40.00 per day (7:30am-3:00pm) \$50.00 per day + aftercare (7:30am-5:30pm)

**Terms:**

Enrollment Fee is due upon initial enrollment in CMA's Summer Camp program. The Supply Fee and first Tuition payment are due **June 1, 2010**. The second Tuition payment is due **July 1, 2010**. Tuition is late after the 3rd of each month and will incur a \$30.00 late fee. If Tuition and Late Fee are not paid in full by the 10th of each month, student(s) may not attend Summer Camp until amount due is paid in full.

Summer Camp is staffed based on initial enrollment and as such, there are no refunds for monies paid, nor is tuition prorated. Camp ends July 30, 2010. *Students enrolled in CMA for the Fall 2010, will be the only students allowed to attend classes once school begins on August 10th.*

CMA opens at 7:30am and closes promptly at 5:30pm. There is no charge for before-camp care. There is a charge of \$15.00 per every 5 minutes after 5:30pm until the student is picked up. We appreciate your promptness.

I understand that this agreement is for CMA's Summer Camp 2010 and is separate from other tuition agreements. I agree to its contents within. Please return completed form to CMA prior to May 1, 2010 for first consideration.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
CMA Administration

\_\_\_\_\_  
Date

**FOR OFFICE USE**

Camp Enrollment Fee: \_\_\_\_\_

Camp Supply Fee: \_\_\_\_\_

Tuition Due June 1, 2010 \_\_\_\_\_

Total Due: \_\_\_\_\_ parent/guardian initials

\$\_\_\_\_\_ pd cash

\$\_\_\_\_\_ pd chk# \_\_\_\_\_