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## Livonia Montessori School

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31840 W. Seven Mile Road  
Livonia, MI 48152  
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livoniamontessori@att.net  
www.livoniamontessori.org

### A Quality Summer Program for Children Aged 3 through 6

Livonia Montessori School has been offering exceptional programs for the past 47 years. Come join us for a summer program that is nurturing, creative, intellectually stimulating, and lots of fun!

### Summer Day Camps June 17-August 16, 2019

Week of:	Theme:
June 17	Raised in a Barn
June 24	Bugs, Bugs, Bugs
July 1	It's a Celebration!
July 8	It's a Jungle Out There
July 15	Trash Treasures
July 22	Head, Shoulders, Knees and Toes
July 29	Dinosaur Roar!
August 5	Very Hungry Caterpillar
August 12	Once Upon a Time



## June 17 - August 16

### Themed Summer Day Camp

The program includes a broad range of activities designed to meet the developmental needs of young children. Each day brings a balanced blend of learning and play, active and quiet, group and individual experiences. Weekly guests bring interesting and entertaining in-house presentations to the children.

Each week of the summer has its own theme! (See the accompanying flyer for details.) Children will participate in theme-related projects, lots of arts and crafts, science experiments, dramatic play, cooking, picnics, outdoor time, music, stories, and games. Water is an important ingredient in the summer program; when it gets hot, we go outdoors and get wet!

### Eligibility

Children between the ages of 3 and 6 are eligible for enrollment. Toilet training is required. The school is non-sectarian and non-discriminatory in the administration of its policies. Livonia Montessori School is open to children of any race, color, religion, national, or ethnic origin.

### Enrollment

To enroll, fill out both sides of the application form, and send or deliver it to the school, along with a \$30 registration fee. Acceptance is on a first-come, first-served basis. Each child will be enrolled according to the preferences indicated on the form as long as space remains. If a particular session is full, we will call you to discuss alternatives.

### Staff

LMS's professional staff of experienced, Montessori-trained early childhood educators will lead the program. They are intelligent and nurturing people who bring a wealth of knowledge, energy, and enthusiasm to share with this year's campers.

## August 12-16 Montessori Matters

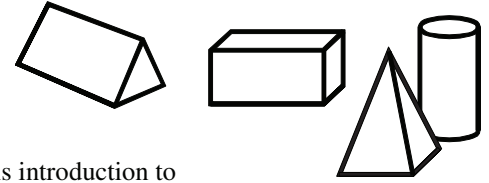
(For first time fall enrollment *only*)

A great head start for the school year, this introduction to basic materials and routines smooths the way for children who will begin Montessori classes for the first time in September.

**9-10:30 a.m.**

**Course Fee: \$100**

*Extended hours are available only to children attending themed day camp.*



### Times

Full and half-day programs are available for the nine weeks of the summer session. Day camp meets from 8:45-11:45 a.m., Monday through Friday.

***Children must be enrolled in day camp for a minimum of three weeks.***

Extended hours are available as needed for day campers. The building opens at 7 a.m. and closes at 6 p.m.

### Procedural Matters

**Clothing:** Clothing should be comfortable, practical, and suitable for active play. (Our rooms are air conditioned, but children do go outdoors daily.) A swimsuit and towel should be sent to school with each child.

All campers will receive an LMS T-shirt. Be sure to indicate size on the registration form.

**Meals and Snacks:** Children who stay through the noon hour must bring a lunch with beverage. The school will provide morning and afternoon snacks.

**Nap:** An afternoon rest or nap period is available, but not required, for full-day campers. Children who nap should bring bedding (small blanket, sheet, and pillow).

**Health:** A health form signed by a physician and showing current immunizations is required for all children. Blank forms are available from the office. Up-to-date health forms from the current school year may be used in the summer.

**Child Information Page:** This page, which provides emergency information, is to be filled out by parents on or before the first day of camp. The page has a space for parents to indicate who may pick a child up from camp. Children will be released **only** to people whose names appear on the page, so we must be notified if there are changes.

### Fees

A \$30 non-refundable registration fee is required at the time of enrollment. Charges for the camp sessions are as follows:

- **Half day** (3-hour session):  
\$145 per week
- **Full day** (3-hour session plus unlimited use of extended hours):  
\$260 per week
- **Extended hours** (hourly charge for children who need to be at camp more than 3 hours, but who are not attending for the full day):  
\$7 per hour, prorated to the quarter hour.

Full payment for **partial summer day camp** is due on the first day of attendance.

Payment for **nine-week summer day camp** is due in two installments on June 17 and July 15.

Refunds will be given only when the place is filled by another child.

### Questions?

Call us at (248) 474-4764 for further information. We are looking forward to an exciting summer!





# Livonia Montessori School 2019 Summer Day Camp Registration

Livonia Montessori School is non-sectarian and non-discriminatory in the administration of its policies, and is open to children of any gender, race, color, religion, national or ethnic origin.

## General Information:

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ (\_\_\_\_\_) Girl \_\_\_\_\_ Boy \_\_\_\_\_  
last first middle nickname

Date of Birth \_\_\_\_\_ Age in June 2019 \_\_\_\_\_

Home Address \_\_\_\_\_  
number street city zip

Daytime Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Evening /Home Phone \_\_\_\_\_

School child currently attends \_\_\_\_\_

T-shirt size: \_\_\_\_\_ 2-4 (XS) \_\_\_\_\_ 6-8 (S) \_\_\_\_\_ 10-12 (M) Does child nap? Yes No

## Program Preferences: (Please ✓ all applicable choices)

**Themed Summer Day Camp**

**Please indicate (✓) weeks child will be attending (minimum of 3 weeks):**

	Wk 1 6/17-21	Wk 2 6/24-28	Wk 3 7/1-3	Wk 4 7/8-12	Wk 5 7/15-19	Wk 6 7/22-26	Wk 7 7/29-8/2	Wk 8 8/5-9	Wk 9 8/12-16	
<u>Morning Camp</u> * 8:45-11:45 a.m. \$145/week			\$87 prorated							
<u>Full Day</u> 7 a.m.-6 p.m. \$260/week			\$156 prorated							

\*Regular extended hours are available to half-day campers @ \$7 per hour. (This option is less expensive than full day if child is at camp less than 7 hours per day.) Hours and days needed \_\_\_\_\_.

~Payment for students enrolled for nine weeks can be made in two installments on June 17 and July 15.

~Full payment is required on June 17 for students enrolled for eight weeks or less.

### Registration Fee for Themed Summer Day Camp

**\$30** \$ \_\_\_\_\_

(Registration fee is non-refundable.)

**Montessori Matters** (for first-time fall enrollees only) August 12-16 9-10:30 a.m.  
 Course fee must be paid in full at time of registration. **\$100** \$ \_\_\_\_\_

PLEASE NOTE: Emergency Information and Release Form on the back of this page must be filled out completely.

Make checks payable to LMS. Return to: Livonia Montessori School, 31840 W. Seven Mile Rd., Livonia, MI 48152

For Office Use Only: Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Health Form Received \_\_\_\_\_  
 Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Information Page Received \_\_\_\_\_



## Emergency Information:

Child's Name \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Telephone #s: Home \_\_\_\_\_ Mother's Work \_\_\_\_\_ Father's Work \_\_\_\_\_

Person other than parent to be notified in emergency if parent is not available:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy #s \_\_\_\_\_

Medication being taken (name and purpose) \_\_\_\_\_

Please list any special health problems \_\_\_\_\_

Please list any allergies and/or foods which should not be eaten \_\_\_\_\_

## Releases and Statements of Agreement:

### MEDICAL RELEASE

I hereby declare that I am the parent or legal guardian of the above-named child. I give my consent, in the event that all reasonable attempts to contact me or designated persons above have been unsuccessful, for Livonia Montessori School personnel to seek treatment by the physician named above, or in the event the preferred practitioner is not available, by another licensed person.

I hereby release and discharge Livonia Montessori School, its agents, employees, and officers, from all claims, demands, actions, or judgments which the undersigned ever had, now has, or may have against the school, its successors or assigned, for all personal injuries or illness, which the child named above may suffer or incur as a result of the actions of Livonia Montessori school or in procuring medical treatment.

I certify that the child named above is in good health and free from any communicable disease or illness.

### MODEL/PUBLICITY RELEASE

I give permission for the above-named child's name, photograph, video or voice recording to be used for informational or publicity purposes in news stories, press releases, or similar items.

### PAYMENT AGREEMENT

I understand that children are enrolled for complete weeks, and that my agreement to pay charges for each full week is not subject to adjustment for illness or absence. I agree to pay, when applicable, other fees. These may include registration, hourly day care, NSF fees, or late pickup charges. I understand that my child may be denied admission to camp if tuition or fees are not paid in a timely manner.

### LUNCH AGREEMENT (required by Michigan Department of Human Services)

I agree to provide a lunch for my child on days when he or she will be at the school during the lunch period.

### FIELD TRIP PERMISSION/RELEASE

I give permission for the above-named child to participate in in-house field trips or neighborhood outings with Livonia Montessori School. Supervision will be provided by LMS staff and parents or other volunteers. On any field trip or outing, I understand that Livonia Montessori School is not responsible for unavoidable accidents or the negligence or actions of persons not employed by or acting for LMS.

### STATEMENT OF UNDERSTANDING

I have read the program description, policies and information, day care policies and procedures, and fee schedule of Livonia Montessori School. I understand and agree with the philosophy and policies; I accept the conditions and terms stated therein.

Parent's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_