



Plymouth-Canton Summer Day Camp 2024 Programs

8 Weeks - June 24-August 16, 2024

TODDLER SUMMER DAY CAMP

**Ages: 18 months-3 years – Half-day \$165/wk. / Full-Day \$285/wk.*

Toddlers enjoy a smooth transition into the summer program as their environment and daily routine remain the same. Added to the curriculum are many enriching and fun outdoor activities. **Toddler camp is available to children 18 months through 3 years of age who are already enrolled, and those enrolled for the 2024-2025 school year.*

PRESCHOOL/KINDERGARTEN SUMMER DAY CAMP

Ages: 3-6 years / Toilet training required – Half-Day \$145/wk. / Full-Day \$260/wk.

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. Our creative teachers have dreamed up many interesting and entertaining activities for the children. Each week of the summer has its own theme!

Announcing new for the first time!!

ELEMENTARY

Ages: 6-12 years / Toilet training required- Half-Day \$145/wk/ Full Day \$260/wk.

Our Elementary camp provides opportunity for socialization, learning, and play. Students at this age will enjoy a mix of creative activities, critical thinking challenges, outdoor exploration and more!

ENROLLMENT

To enroll in summer camp, fill out both sides of the application form, and send or deliver it to the school, along with the \$30 non-refundable registration fee. Acceptance is on a first-come, first-served basis. *Children must be enrolled for a minimum of 3 weeks.*

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. Registration must be completed by the Thursday prior to the week each child attends.

STAFF

PCMS's professional staff of experienced 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.

FEES

A \$30 non-refundable registration fee is required at the time of enrollment for each program. Fees for the camp sessions are:

Half-Day 3-hour session / 8:45am-11:45am

- Toddler \$165/week
- Preschool/Kindergarten \$145/week
- Elementary \$145/ week

Full-Day 8:30am-4:30pm

- Toddler \$285/week
- Pre-K/Kindergarten \$260/week
- Elementary \$260/week

WHAT TO BRING

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

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

Nap: An afternoon rest or nap period is available 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 includes emergency information, must be filled out by parents on or before the first day of camp. Children will be released only to people whose names appear on the information page, so we must be notified if there are changes.

QUESTIONS?

Telephone: (734) 459-1550
sborieo@dhmontessori.org
www.pcmontessori.org

PCMS Summer Day Camp Registration Form

Plymouth-Canton 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 2024 _____

Parent/Guardian Name _____
last first middle

Home Address _____
number street city zip

Parent Cell Phone # _____ Home Phone # _____ Email _____

School child currently attends _____

Does child nap? Yes No

Program Preferences: *Please ✓ applicable program – 1 form per child.*

- | | | |
|--|--|--|
| <input type="checkbox"/> Toddler Camp | <input type="checkbox"/> Pre-K/Kindergarten | <input type="checkbox"/> Elementary |
| • Half-Day 8:45am-11:45am \$165/wk | • Half-Day 8:45am-11:45am \$145/wk | • Half-Day 8:45am-11:45am \$145/wk |
| • Full-Time 8:30am-4:30pm \$285/wk | • Full-Time 8:30am-4:30pm \$260/wk | • Full-Day 8:30am-4:30pm \$260/wk |

\$30 Non-Refundable Registration Fee

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

Wk 1 6/24-28	Wk 2* 7/1-3	Wk 3 7/8-12	Wk 4 7/15-19	Wk 5 7/22-26	Wk 6 7/29-8/2	Wk 7 8/5-9	Wk 8 8/12-16	
<input type="checkbox"/> Half-Day <input type="checkbox"/> Full-Day	<input type="checkbox"/> Half-Day <input type="checkbox"/> Full-Day	<input type="checkbox"/> Half-Day <input type="checkbox"/> Full-Day	<input type="checkbox"/> Half-Day <input type="checkbox"/> Full-Day	<input type="checkbox"/> Half-Day <input type="checkbox"/> Full-Day	<input type="checkbox"/> Half-Day <input type="checkbox"/> Full-Day	<input type="checkbox"/> Half-Day <input type="checkbox"/> Full-Day	<input type="checkbox"/> Half-Day <input type="checkbox"/> Full-Day	
	*Prorated fee \$ _____							Total +\$30 reg.
Total \$ _____	Total \$ _____	Total \$ _____	Total \$ _____	Total \$ _____	Total \$ _____	Total \$ _____	Total \$ _____	= \$ _____

*Prorated fees week of July 1: **Toddler Half-Day \$99 / Full-Day \$171 - Pre-K/Kindergarten through Elementary Half-Day \$87 / Full-Time \$156**

~ Payment for students enrolled for eight weeks can be made in two installments on June 24 and July 22.

~ Full payment is required on or before June 24 for students enrolled for seven weeks or less.

Payment options include checks or credit card. Invoicing through Quickbooks will be submitted via e-mail and due upon receipt. Make checks payable to PCMS. Return to: Plymouth-Canton Montessori School, 45245 Joy Road, Canton MI 48187-1772

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

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 Plymouth-Canton Montessori School personnel to seek treatment by the physician named, or in the event the preferred practitioner is not available, by another licensed person. I hereby release and discharge Plymouth-Canton 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 may suffer or incur as a result of the actions of Plymouth-Canton Montessori School or in procuring medical treatment.

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

MODEL/PUBLICITY RELEASE: I give permission for the 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.

FIELD TRIP PERMISSION/RELEASE: I give permission for the named child to participate in in-house presentations, field trips or outings with Plymouth-Canton Montessori School. Supervision will be provided by PCMS staff, parents or other volunteers. On any in-house presentation, field trip or outing, I understand that Plymouth-Canton Montessori School is not responsible for unavoidable accidents or the negligence or actions of persons not employed by or acting for PCMS.

LUNCH AGREEMENT (required by Michigan DHHS): I agree to provide a lunch for my child on days when he or she will be at the school during the lunch period.

DISMISSAL AGREEMENT: I acknowledge that Plymouth-Canton Montessori School will release any child to only those persons authorized on the Child Information Record. I further acknowledge agreement with PCMS's standard procedures used at the release of children in special circumstances.

I understand that PCMS personnel are not trained to make assessments relating to intoxication or other impairment and therefore assume no responsibility for any injury or harm to a child who has been released to a person listed on the Child Information Page or who is authorized by a parent, either verbally or in writing, to pick up a child. PCMS staff respect each family's privacy. However, there other questionable child release situations occur, they have a duty to maintain their role as the child's advocate.

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 or latchkey, 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.

STATEMENT OF UNDERSTANDING: I have read the program description, policies and information, day care and latchkey policies and procedures, and tuition and fee schedule of Plymouth-Canton Montessori School's summer program. I understand and agree with the philosophy and policies, and accept the conditions and terms stated therein. Plymouth-Canton Montessori School reserves the right to modify the rules and policies at its sole discretion with written notice. Such notice requirements shall not be applicable in the event of emergencies or licensing mandates.

If any provision of this contract, program policies or procedures is held invalid or unenforceable, it should be ineffective only to the extent of invalidity, without affecting or impairing the validity or enforceability of the remainder of the provision or the remaining provisions and intent of this contract. No waivers by PCMS of any right or remedy on one occasion shall be a waiver of that right or remedy on a future occasion.

The contract shall be interpreted in accordance with the laws of the State of Michigan.

My signature below affirms that I have read, understand and accept the terms and conditions of this contract.

Parent/Guardian Name: _____

Parent/Guardian Signature _____ Date _____

For Plymouth-Canton Montessori School _____ Date _____