

## **SPRUCE PINE MONTESSORI SCHOOL SUMMER SESSIONS** **Mondays-Fridays, June 7 - August 20, 2010**

Regular Hours: 8:15-2:45                      Extended Care Hours: 2:45-5:30  
(There is the possibility of early care as well, based on need.)

*Providing children **between the ages of 3 and 7** with a wealth of experiences, activities, and projects in an environment that is safe, nurturing, and full of fun. Each day, our summer-session teachers will be presenting activities allowing the children to participate in hands-on projects that will expose them to a variety of learning topics and sensorial explorations. They will also: have fun with water play, trek to the park and library, explore nature, and engage in a variety of art activities, games, and special classes.*

### **Enrollment Procedure**

Students are enrolled by the summer or by the week on a first come- first served basis, **(with priority being given to summer-long students first, then full-time weekly students. Daily drop-in care may be available with advance notice and dependent on space availability. Please see the enclosed rate sheet for details)**. Please complete the registration form with your emergency contact information, one per child, and return it along with a completed medical form, current immunization records\* and **nonrefundable deposit of 10% of the total cost for the weeks you are requesting**. Photocopies of the form are accepted. SPMS agrees to reserve space for your child for the periods specified based upon availability. If, for any reason, Spruce Pine Montessori School cannot accept your registration, your deposit will be refunded in full.

\*If you are already enrolled with SPMS, you are not required to resubmit your medical and immunization forms at this time.

**Mail completed forms to:      SPMS**  
**67 Walnut Ave.**  
**Spruce Pine, NC 28777**

**You may also drop the form(s) and deposit off in person at our school office.**

### **Refund Policy**

The enrollment is for the entire period specified and there will be no refunds or credits, except as follows: In the event that the child is unable to attend due to serious illness or injury that is confirmed in writing by the child's physician, the camp will refund or credit tuition.

### **Lunch and Snack**

All students need to bring their own lunches marked with their names. Please do not send anything that will need to be warmed. Lunch times are flexible and will coincide with planned activities. SPMS will provide a healthy morning snack for each student. If your child is enrolled in our extended-hours program, an afternoon snack will provided as well.

### **What to Bring**

All children will be assigned a coat hook and cubby. Please keep a change of clothes, sun hat, bathing suit, towel, and water shoes in your child's cubby; make sure to label all your child's belongings. According to NC law, our staff cannot apply sunscreen to children unless a signed permission form is on file; please apply sunscreen to your child before he/she arrives at school each day. If your child naps, he/she will also need to bring a blanket and/or pillow from home.

#### **An Example Daily Schedule\***

(3 to 7 year olds)

8:15am – 9:30am (Children arrive) Outside time and/or indoor activity  
9:30am - 10:30 am Snack and morning lesson/activity  
10:30am – 11:15am Group time  
11:15am – 12:15pm Outdoor play (weather permitting) and lunch prep.  
12:15pm –1:00pm Lunch  
1:00pm - 2:15pm Nap or afternoon activity (depending on age)  
2:15pm – 2:45pm Outdoor play time (weather permitting) or indoor activity  
2:45pm - 3:00pm Pick-up  
2:45pm – 5:30pm Extended care program

**\*Please note that this schedule is an example and will vary depending on the teacher's planned activities. Additionally, the final week of the summer will be a fun-in-the-sun and/or field trip focused session based out of our multi-purpose room as our Montessori teachers prepare their classrooms for the start of a new year!**

We thank you for your interest in Spruce Pine Montessori School's summer session and we look forward to seeing you in June!



**Spruce Pine Montessori School**  
 67 Walnut Avenue  
 Spruce Pine, NC 28777  
 828-765-7779  
 sprucepinemontessori.org

## 2010-2011 SUMMER PROGRAM REGISTRATION

(To be completed by parent or guardian; please fill out one per child)

Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Registering Parent/Guardian Name(s): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Daily Hours :** 8:15-2:45

**Cost:** \$1,485 for full 11 week enrollment; \$165 per week for weekly enrollment; \$35 per day for drop-in based on availability

**Extended Care Hours :** 2:45-5:30

**Cost:** \$10 per day

Please fill in and/or check the weeks you wish to enroll your child for the summer program.

WEEK	Daily Hours	Extended Care	WEEK	Daily Hours	Extended Care
June 7-11			July 19-23		
June 14-18			July 26-30		
June 21-25			Aug 2-6		
June 28-July 2			Aug 9-13		
July 5-9			Aug 16-20		
July 12-16					

### Explanation of Fees and Registration:

Registration in the summer program can be for the entire 11 weeks, for particular weeks, or on a drop-in basis if there is availability. A 10% deposit of your pre-registered session(s) is due at the time of registration to reserve your child's spot. Space is limited. The payment plans are as follows:

#### Full 11-week summer program:

If you choose to enroll in the full 11-weeks, you have 2 payment options.

\_\_\_\_\_ Single payment of \$1,465 due by June 1<sup>st</sup>; after care costs are additional

\_\_\_\_\_ 3 monthly payments (June, July, & August)

#### Weekly summer program:

Weekly program payments are due by the Wednesday prior to the week(s) your child is enrolled. You will be billed according to your schedule. If you pre-register for several weeks, you **can** make one single payment.

#### Drop-Ins:

Drop in rates are \$35 per day and payment is due at drop-off on the day(s) your child(ren) use(s) the program.

**Medical and Emergency Information** (Each line to be completed in full by the parent or guardian)

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of child's doctor: \_\_\_\_\_ Office phone: \_\_\_\_\_

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

Name of child's dentist: \_\_\_\_\_ Office phone: \_\_\_\_\_

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

Hospital preference: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

If father, mother or guardian cannot be contacted in the case of an emergency please call (list relationship):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

If you cannot pick up your child, please give the names of those to whom your child can be released:

\_\_\_\_\_

Is your child currently under a doctor's care? No \_\_\_ Yes \_\_\_ If yes, for what reason: \_\_\_\_\_

\_\_\_\_\_

Does your child take medication on a regular basis? No \_\_\_ Yes \_\_\_ If yes, list medication, dose, and possible side effects: \_\_\_\_\_

Does your child require a special diet: No \_\_\_ Yes \_\_\_ If yes, specify modifications: \_\_\_\_\_

\_\_\_\_\_

List any allergies that your child has (e.g., food, insect stings, medicine, etc.): \_\_\_\_\_

\_\_\_\_\_

What type of allergic reaction occurs? \_\_\_\_\_

Does your child have any history of significant diseases or recurring illness? No \_\_\_ Yes \_\_\_

Diabetes No \_\_\_ Yes \_\_\_ Convulsions No \_\_\_ Yes \_\_\_ Heart trouble No \_\_\_ Yes \_\_\_ Asthma No \_\_\_ Yes \_\_\_

Please provide additional information about illnesses or any other important health conditions. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In your opinion, will any of the above illnesses or conditions affect your child's performance in school? If so, specify:

\_\_\_\_\_

What specialized care is the child receiving related to these problems? \_\_\_\_\_

\_\_\_\_\_

Tell us about any previous hospitalizations or operations: \_\_\_\_\_

I agree that the Head of School may authorize the physician of his/her choice to provide emergency care in the event that neither our family physician nor I can be contacted immediately. In an emergency situation the staff at the Spruce Pine Montessori School will either call an ambulance or provide transportation to an appropriate medical resource. The staff does not administer any drugs or medication without specific written and signed instructions from a physician or the child's parents or guardian.. Provisions are made for adequate rest and play every day.

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