

SUMMER CAMP

with **Mr. TEVIN** and **Ms. DAWN**

at Corpus Christi Montessori School

DATES: JULY 11 through 28, 2022 – Monday, Tuesday, Wednesday, Thursday

HOURS: Drop-Off at school between 12:30 and 1:00 pm *(with lunch and water bottle*)*
Pick-Up promptly at 5:30 pm

FEES: *(please make checks out to "Dawn Dougherty")*

\$35 per day

\$125 per week *(\$15 savings over per-diem cost)*

\$350 for all three weeks *(\$25 savings over per-week; \$70 savings over per-diem)*

**Registration due by Wednesday, May 18, 2022
with \$50 non-refundable deposit.**

Payment in Full by June 20, 2022.

Register for one date or all.
Camp is limited to 25 students.

Sample Schedule:

12:30 pm	Eat Lunch <i>*packed from home with love by YOU</i>
1:00 pm	Indoor Fun (play games, socialize with friends, movies..)
2:00 pm	Outdoor Play (e.g. water slides, balloons, sack races, tug-of-war..)
3:00 pm	Cool Down in the Shade / Snack <i>supplied at school with love by us</i>
4:00 pm	Create An Artwork / Craft to Take Home
5:30 pm	Pick-Up at the Gate

Sample Highlights:

Make and Fly a Kite	Folded Paper Bracelets	Garden Art & Creating Identification Signs
Make and Fly Paper Airplanes	Maracas	Tropical Tree Planting / Take-Home Plants
Make and Fly Rockets	Dream Catchers	Seed Bombs
Water Balloons	Wind Chimes	Painting with Natural Garden Plant Dyes
Slip and Slide	Tie Dye	Cooking Days:
Sprinklers	Keepsake Jars	Healthy Snacks, Pickling, Smoothies/Salads

What to Bring to Camp in a Sturdy Bag with Student's Name on it:

**Water Bottle*

**Lunch*

**Sneakers / Socks*

**Flip Flops*

**Bathing Suit*

**Towel*

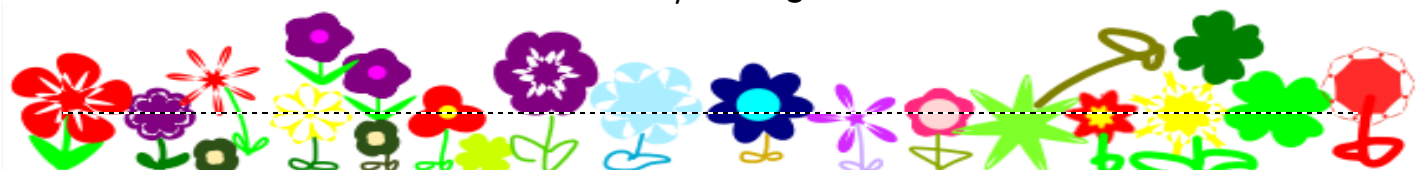
**Plastic Grocery Sack*

to carry your Art home

Please contact Mr. Tevin or Ms. Dawn if you have financial concerns or any other questions.

We are here to help.

SummerCampMAST@gmail.com



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By signing this form, you register and give permission for your child to participate.

STUDENT: _____

2021-22 School Year Grade: _____

Food Allergies / Medical Concerns: _____

Designated Pick-Up Person(s) + Cell Number *{your child will only be released to the person(s) noted here}.*

Name: _____ Cell: _____

Name: _____ Cell: _____

Parent Signature: _____ Date: _____

Parent Cell Phone: _____ PARENT EMAIL: _____

Other Emergency Contact: _____ Cell: _____

Check Participation Dates:

_____ Monday JULY 11	_____ Tuesday JULY 12	_____ Wednesday JULY 13	_____ Thursday JULY 14
_____ Monday JULY 18	_____ Tuesday JULY 19	_____ Wednesday JULY 20	_____ Thursday JULY 21
_____ Monday JULY 25	_____ Tuesday JULY 26	_____ Wednesday JULY 27	_____ Thursday JULY 28

TOTAL DUE: _____

