CAMP DISCOVERY
at Montessori Children's House

Camp Discover is the summer program of Montessori Children's House

6024 Butler Pike, 2nd Floor
Blue Bell, PA 19422
215-646-6816 * www.mch2learn.org

APPLICATION

ALL APPLICATIONS ARE DUE BY APRIL 13, 2018

CHILD'S NAME _____ M/F _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

IS YOUR CHILD A: ___ Current Montessori Children's House Student
___ New Camper at Camp Discovery

ENROLLING FOR: ___ Summer Only ___ Summer & Fall

MY CHILD WILL ATTEND THE FOLLOWING CONSECUTIVE 2-WEEK SESSIONS:
(Please check ALL sessions that your child will attend Camp Discovery)

___ Session 1: June 18-June 29 (___wk. of 6/18 only ___wk. of 6/25 only)
___ Session 2: July 2-July 13 (___wk. of 7/2 only ___wk. of 7/9 only)
___ Session 3: July 16-July 27 (___wk. of 7/16 only ___wk. of 7/23 only)
___ Session 4: July 30-August 10 (___wk. of 7/30 only ___wk. of 8/6 only)
___ Session 5: August 13-August 24 (___wk. of 8/13 only ___wk. of 8/20 only)

Animal Planet
Multi-Cultural Mosaic
Exploring Scientific Wonders
Fun with Sports and Games
Art is All Around Us

MY CHILD'S SCHEDULE WILL BE:

Monday ___ to ___
Tuesday ___ to ___
Wednesday ___ to ___
Thursday ___ to ___
Friday ___ to ___

MY CHILD WILL NEED THE FOLLOWING SUPPLEMENTAL CARE:
___ Mornings (7:30am-9am)
___ Afternoons (3pm-6pm)
___ Mornings & Afternoons

I apply for admission of my child to Camp Discovery: (*All deposits will be applied to tuition and are non-refundable).
New Families- Enclose a $60.00 registration fee and a $100.00 deposit per child.
Current Families- Enclose a $100.00 deposit per child. (Deposit can be paid from account on file).

I understand that as the undersigned parent/guardian, I am fully responsible for the payment of all program fees. I will be paying tuition by (please check one):
___ Electronic Funds Transfer by credit card or bank account
___ Click to Pay (Bill sent by email with payment by credit card or bank account).
___ Check

I understand that there are no refunds issued for schedule changes after May 1, 2018 and that schedule additions are only accepted if space permits.

PARENT/GUARDIAN NAME _____ HOME ADDRESS _____ HOME PHONE _____

EMPLOYER _____ WORK PHONE _____ CELL PHONE _____

PARENT/GUARDIAN NAME _____ HOME ADDRESS _____ HOME PHONE _____

EMPLOYER _____ WORK PHONE _____ CELL PHONE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

EMAIL ADDRESS _____

ADMINISTRATIVE USE ONLY:
ENTRANCE DATE: _____ GROUP: ___ ADVENTURERS ___ EXPLORERS COMMENTS: _____