



# Swannanoa Valley Montessori School 2018 Summer Camp Application Questionnaire

Applicant's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ (circle one) Male Female

## Parent/Guardian:

Name: Parent 1 / Guardian 1 (*circle which one*):

Name: Parent 2 / Guardian 2 (*circle which one*):

\_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Land Line \_\_\_\_\_ Land Line \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Siblings (names and ages) : \_\_\_\_\_

**Custody Paperwork:** Please include copies of custody papers or other legal documents as pertaining to your child. Check which applies: No paperwork \_\_\_\_\_ Paperwork included \_\_\_\_\_

**Application Agreement:** I hereby apply for my child's placement in Summer Camps at Swannanoa Valley Montessori School. **Enclosed is my *non-refundable* \$25.00 deposit, per week.** I understand this deposit will apply to my balance due for the week. I understand that the Summer Camp Questionnaire and Summer Camp Agreement are required to reserve a place for my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Office Use Only:** Application & Questionnaire received \_\_\_\_\_ Deposit received: \_\_\_\_\_ By \_\_\_\_\_

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

How did you hear about SVMS Camp? \_\_\_\_\_

Previous school(s) / day care(s) attended: \_\_\_\_\_

Previous school contact name and phone number: \_\_\_\_\_

How would you describe your child's previous school/day care/camp experiences? \_\_\_\_\_

\_\_\_\_\_

Please comment on your child's strengths, challenges, special needs, and special interests.

\_\_\_\_\_

\_\_\_\_\_

Does your child have any physical impairment or allergies which would, in any way, affect participation in the full range of camp activities? Any physical or emotional illness requiring a doctor's care in the last year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details:

\_\_\_\_\_

\_\_\_\_\_

Does your child have discipline issues either with you and/or with others? \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Has your child been recommended to receive early childhood intervention services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your child been recommended for evaluation, been evaluated or identified as having learning differences, developmental or motor delays, visual, auditory or other sensory processing difficulties, behavior or emotional disorders (ADD, ADHD, Autism (ASD), OCD, Asperger's, etc.)? \_\_\_\_\_

Do you suspect that your child may have any of the above delays or differences? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_



# Swannanoa Valley Montessori School

## 2018 Summer Camp Application Questionnaire

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Has medication been recommended or been taken by your child to address any of the above diagnoses? Yes \_\_\_ No \_\_\_  
 If yes, please specify the name of medicine and dosage and what your child is currently taking:

\_\_\_\_\_

If your child has been evaluated by one or more specialists, please list their name(s) and phone number(s).  
 Name, Title, Phone Number(s)

\_\_\_\_\_

\_\_\_\_\_

Is there anything else you would like to tell us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your amount of knowledge about Montessori Philosophy? None \_\_\_ Little \_\_\_ Some \_\_\_ A lot \_\_\_

**ACKNOWLEDGEMENT SIGNATURE:**

***\*Failure to disclose information could result in required withdrawal of your child and forfeiting tuition and fees.***  
 Your application for enrollment to Swannanoa Valley Montessori School Summer Camps will be reviewed and you will be notified of the enrollment confirmation. The Summer Camp Application and Tuition Agreement forms, with the \$25.00 deposit, per week, are required to secure your placement. The Summer Camp Application and Tuition Agreement and deposit are effective for the 2018 Summer Camps only. If, after being accepted, a student is found to have special needs that the parent/guardian was unaware and/or SVMS cannot provide for or accommodate successfully, the school may terminate the agreement. In this case, the parent(s) / guardian(s) would be released from their tuition agreement.

I certify that all information that I have provided on this application is accurate and authorize the release of all information from evaluation specialists and previous teachers to the teachers and administrators at Swannanoa Valley Montessori School.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b>Office use only</b> Reviewed by: _____ Date: _____</p> <p>Signature: _____ Notes: _____</p>
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# Swannanoa Valley Montessori School 2018 Summer Camp Tuition Agreement

Student's Full Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

**SUMMER CAMP WEEKS REGISTERING FOR:** Put a check in the appropriate box to indicate your desired weeks and times, as well as any needed before and/or after care.

Week	Half Day \$150/wk: 8:30-12:30	Full Day \$250/wk: 8:30-3:30	Before Care \$3.00/day: 8:00-8:30 am	After Care \$10.00 per day: 3:30-5:50 pm
June 25-29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 2-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 9-13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 16-20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 23-27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 30-Aug 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aug 6-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**BEFORE AND AFTER CARE DETAILS:** Place a check next the days needed

**Before Care Days Needed:** \_\_\_Monday \_\_\_Tuesday \_\_\_Wednesday \_\_\_Thursday \_\_\_Friday

**After Care Days Needed:** \_\_\_Monday \_\_\_Tuesday \_\_\_Wednesday \_\_\_Thursday \_\_\_Friday

If your before or after care needs differ week to week, please write a description of your needs here:

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**TUITION AGREEMENT:** I have carefully read this Summer Camp Tuition Agreement, as well as the Summer Camp Information Sheet, and in full understanding, I accept it as stated and agree to pay the tuition and fees as indicated by my choice above. I understand and agree that my tuition is due in full by the dates indicated on the information form and that the tuition is non-refundable two weeks before the start of the camp. ***I have included my non-refundable \$25.00 deposit due, per week, with this Tuition Agreement to secure my child's placement. I understand this applies to my balance due.***

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**SVMS Administrator:** Swannanoa Valley Montessori School agrees to admit the child to the program chosen.

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

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