

# Summerland Montessori School

*Nurturing the Joy of Discovery and the Love of Learning*

Summer Camp Program



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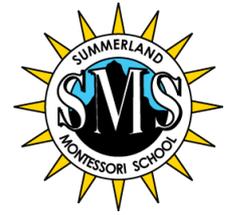
[www.summerlandmontessori.com](http://www.summerlandmontessori.com)

**Sponsored by the South Okanagan Montessori School Society**

June 25, 2018 – August 24, 2018

This then is the first duty of an educator: to stir up life but leave it free to develop.

# Summer Fun Program



We have two options:

## 1. Full Day Child Care

This program runs from 8:00am to 5:30 pm Monday to Friday for students age 5-12. The morning is fairly relaxed, consisting of indoor and outdoor playtime and snack. The weekly theme activities happen in the middle of the day, and each afternoon the full-day participants will enjoy a different experience from 3:00-5:30. (Pick-up may sometimes be at locations other than the school.) These could include computer time, swimming at the Summerland Aquatic Centre, popcorn and movie, trips to the waterpark or beach, etc.



**Cost per day:** \$35

**Cost per week:** \$150



## 2. Half Day Summer Fun Program

We also offer a half-day program from 10:00am to 3:30pm for children ages 5-12. Each week the children will explore a different and exciting theme with field trips, guest speakers, and hands-on experiences. (Pick-up is always at the school.)

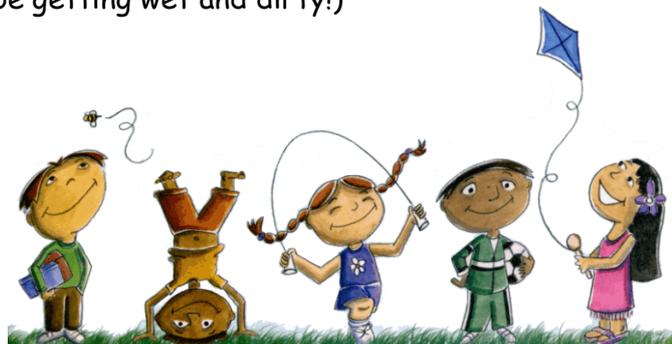
**Cost per day:** \$20

**Cost per week:** \$90

Children are welcome to sign-up for a full week, part week, all day, or half-day...the choice is up to you! Drop-in care is available IF there is space on that day. Please try to phone 24 hours ahead to reserve a drop-in spot (payment is due the day you come). Please complete the registration forms and drop them off, along with post-dated cheques for June 25<sup>th</sup> (For July programs) and July 25<sup>th</sup> (For August programs). Priority will be given to children signing up for the full week.

Children need the following **every day**:

- Hat, sunscreen, extra clothes (we will be getting wet and dirty!)
- Lunch and snacks (peanut-free please!)
- Water bottle
- Bathing suit and towel



**Summerland Montessori School  
Summer Fun Program 2018**

**Join us this summer for 9 exciting weeks that will include a variety of indoor and outdoor games, lots of water fun, cooking, drama, arts and crafts, team-building activities, cardboard box forts, music, treasure hunts, sensory activities, field trips, hiking, trips to the beach, and lots more fun!**

**Week 1: Under the Sea! June 25-29**

We will be learning about the various creatures that swim and crawl under the water. We will play ocean-themed games, decorate the room to look like we are under the sea, make candy "sushi", and visit the Trout Hatchery.

**Week 2: Survivor!**

**July 3 -6 (Closed July 2 for Canada Day)**

This week is all about teamwork and getting to know each other! The kids will be divided up into tribes and will work together to complete a variety of challenges. The focus will be on working together and no one will get voted off!

**Week 3: Bugs!**

**July 9-13**

This week we will be examining the tiny creatures that live all around us. We will do a pond study to see what sorts of insects we will find there, make bug catchers and ant farms, and do 3D bug art.

**Week 4: Treasure Hunters!**

**July 16-20**

We will do some Indiana Jones-themed obstacle courses and games. We will also be building pirate ships and making pirate costumes. We will decorate pirate flags, create some treasure, and end the week with an epic treasure hunt.

**Week 5: Carnival!**

**July 23-27**

This week we will be creating our own carnival, with slack-lining, clown costumes, pie-throwing, and tumbling tricks!

**Week 6: Wild West!**

**July 30- August 3**

We will be travelling back in time to the old west this week! We will learn about Summerland's early history, do some line dancing, make "cowboy food", and visit some horses.

**Week 7: Construction!**

**August 7-10 (Closed August 6)**

We're going to be building like crazy! Lego competitions, self-propelled cars, and other hands-on fun will keep us busy this week!

**Week 8: Summer Camp!**

**August 13-17**

Do you love camping? Then this week is for you! Let's roast some marshmallows around a campfire, set up tents, and play traditional games like capture the flag. We will sing, have pyjama day, and work as a team.

**Week 9: Emergency Responders!**

**August 20-24**

This week will be all about the people who help keep us safe, such as police, firefighters, and paramedics. We will meet some emergency responders, do relays to practice some of their skills, and combine cooking with learning about fire safety.

# Summerland Montessori School



## Summerland Montessori School

**Prairie Valley Preschool  
After School Program  
Out of School Care Program  
(Summer and Spring Care)**

10317 Prairie Valley Road Box 603  
Summerland BC  
Phone: 250-494-7266 Fax: 250-494-7286  
[smsoffice@shaw.ca](mailto:smsoffice@shaw.ca)



### Student Registration Form

Start Date: \_\_\_\_\_

Withdraw Date: \_\_\_\_\_

Student Name: \_\_\_\_\_  
                            First                            Middle                            Last

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye colour: \_\_\_\_\_ Hair colour: \_\_\_\_\_ Distinguishing features: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Grade Applied For: \_\_\_\_\_

*Please provide **copy of Birth Certificate** and/or **Landed Immigrant paperwork**, **2 current pictures**,*

Parent/Guardian's Name: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Telephone: \_\_\_\_\_

Canadian Citizen: \_\_\_\_\_ Landed Immigrant: \_\_\_\_\_ Visitor to Canada: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Street and Mailing Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer Telephone: \_\_\_\_\_

Canadian Citizen: \_\_\_\_\_ Landed Immigrant: \_\_\_\_\_ Visitor to Canada: \_\_\_\_\_



Child Resides With: Both Parents: \_\_\_\_ Mother: \_\_\_\_ Father: \_\_\_\_ Guardian: \_\_\_\_

Is there a custody agreement in place? \_\_\_\_\_  
If yes, the school must have a copy of the custody agreement on file to legally enforce it.

Other children in the family:

Name	Age
_____	_____
_____	_____
_____	_____

Languages spoken at home: \_\_\_\_\_

Is the child a status First Nations person? \_\_\_\_\_

### Academic Record

Please list the last three (3) schools that your child has attended.

	Name of School	Location	Grade	Teacher
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**Please attach your child's year-end report cards for the past 3 years to this document.**

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### Health Record

**Health Care Number:** \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

State any relevant medical information about your child that the school would need to be aware of. For example, any illness, medical disability, special dietary needs and or any other reason for taking medications. Please put **N/A** if not applicable.

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies or sensitivities? If yes, please list allergy and treatment:

\_\_\_\_\_  
\_\_\_\_\_

My child's immunizations are up-to-date. **I will provide the school with a copy.**

My child is not immunized. I am a conscientious objector.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

## Emergency Contact Information

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Person(s) to contact in case of emergency:

Mother Name: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Father Name: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

I hereby give the above named people permission to remove my child from the school.

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

\_\_\_\_\_  
Date

Record of any person who is **NOT** permitted (if any) access to the child and/or who is **NOT** authorized to pick the child-up from the program.

Unauthorized Person:  
to Child:

Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Authorized Parent/Guardian

\_\_\_\_\_

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

It is Summerland Montessori School, Prairie Valley Preschool and all Out of School Care Program's policy to notify a parent when a child is ill or in need of medical attention. Occasionally we are unable to contact parents and we need to get immediate help for the child.

Our procedure is to have the child taken to the nearest emergency service by ambulance. The ambulance fee is the responsibility of the parent.

If an ambulance is not available, staff of the Summerland Montessori School, Prairie Valley Preschool or Out of School Care Program's will transport the child.

I hereby give permission to the Summerland Montessori School, Prairie Valley Preschool or Out of School Care Program's to make necessary transportation arrangements for my child, \_\_\_\_\_, who has become ill or injured.

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

\_\_\_\_\_  
Date

## Information Consent

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I consent to having photographs and work samples of my child and used by the Summerland Montessori School, Prairie Valley Preschool or Out of School Care Program's in the yearbook, newsletters, website and other promotional material.

\_\_\_\_\_  
Initials

The school will prepare a family phone list to be used in emergencies and school closures.

I DO NOT want to be included on a family phone list.

\_\_\_\_\_  
Initials

I, \_\_\_\_\_ acknowledge that when my child attends the Summerland Montessori School Out of School Programs snacks will not be provided but that there will be bottled water, dispensed from a water cooler, which will be available for the children to fill their own water bottles.

\_\_\_\_\_  
Initials

I hereby certify that this information is complete and accurate to the best of my knowledge.

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

\_\_\_\_\_  
Date

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The Summerland Montessori School, Prairie Valley Preschool and Out of School Care Program's acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your child at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy parent and student personal information.

\_\_\_\_\_  
Signature of Privacy Officer

\_\_\_\_\_  
Telephone

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### (For Office Use Only)

Date Registration Received: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Tuition: \_\_\_\_\_

Summerland Montessori School  
Summer Fun Program  
10317 Prairie Valley Road  
Box 603 ☐ Summerland ☐ BC  
Phone: 250-494-7266 ☐ Fax: 250-494-7286



Prepayment Agreement

Fees are due on June 22rd / July 27th and payable to 'SOMSS'.

Once a student is signed up, a position is reserved for them. The operating budget is dependent on the income received from fees. Therefore, the School cannot consider reducing fee for absence or withdrawal from the program unless written notification is received a minimum of 14 days prior to withdrawal.

Fee Schedule

<u>Daily rate</u>	<u>Weekly rate</u>
Half days \$20.00	\$ 90.00
Full days \$35.00	\$ 150.00

I have read the above Prepayment Agreement and note it is also in the Parent Handbook for my records. I agree to the terms or the agreement by signing below.

I HAVE CREAFULLY READ THE TERMS OF THIS AGREEMENT

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

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

Signatures of Parents or Guardians Financially Responsible



## Student Emergency Information Form

<b>Personal Information</b>	
<b>First name</b>	
<b>Last name</b>	
<b>Birthday Date</b>	
<b>Gender</b>	
<b>Hair Colour/Eye Colour</b>	
<b>Distinguishing Features</b>	
<b>Parent's Name</b>	
<b>Home address</b>	
<b>City/Province/Postal Code</b>	
<b>Home phone</b>	
<b>Cellular phone</b>	
<b>Work Number</b>	
<b>Medical Information</b>	
<b>Doctor's name</b>	
<b>Phone number</b>	
<b>Care Card #</b>	
<b>Medical conditions</b>	
<b>Allergies</b>	
<b>Current medications</b>	
<b>Emergency Information</b>	
<b>Emergency contact's name</b>	
<b>Relationship</b>	
<b>Signature:</b>	<b>I hereby give permission to the staff of SOMSS to make necessary transportation arrangements for my Above mentioned child who has become ill or injured.</b>
<b>Start Date and End Date:</b>	