



Intercultural

Montessori Language School

Summer Language & Culture Camp

Registration Opens January 2018

Program Highlights:

Cultural exposure programs in your choice of target language:

- Spanish/English
- Chinese Mandarin/English

*Special events in every session

Montessori Approach: Each session is built around the Montessori Curriculum:
Practical Life • Sensorial • Language • Mathematics • Culture



Session 1 (2 week session): **Musical Adventure**..... June 11 - June 22

Session 2 (2 week session): **Exploring our world**.....June 25 - July 6 (July 4th off)

Session 3 (2 week session): **Botany Bonanza**.....July 9 - July 20

Session 4 (2 week session): **Journey into Outer space** July 23 - August 3

Session 5 (2 week session): **Math Camp**.....August 6 - August 17

CHOOSE YOUR PLAN:



Plan A: Half Day

8:00 am - 12:30 pm

\$520 per session

**\$260 for one week*

Plan B: Full Day

8:00 am - 3:00 pm

\$630 per session

**\$315 for one week*

Plan C: Extended Day

8:00 am - 6:00 pm

\$770 per session

**\$385 for one week*



***\$200 deposit per session due May 1st**

***Balance due in full by June 1st**

Registration information available in January



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Montessori Language School

2018 Summer Camp Registration- Oak Park Campus

<i>Child's Name</i>				
<i>Birth Date</i>	/ /	<i>Age as of Jun 19</i>		<i>Gender</i> <input type="checkbox"/> Male <input type="checkbox"/> Female
<i>Current Student?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Previous Summer?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Language</i>	<input type="checkbox"/> Spanish <input type="checkbox"/> Chinese			
<i>Program & Sessions</i>	<input type="checkbox"/> Half Day (8:00am -12:30pm)	<input type="checkbox"/> Full Day (8:00am -3:00pm)	<input type="checkbox"/> Extended Day (8:00am – 6:00pm)	<input type="checkbox"/> \$200.00 deposit per session
Session #1: (Jun 11 –Jun 22)	<input type="checkbox"/> Session 1: \$520	<input type="checkbox"/> Session 1: \$630	<input type="checkbox"/> Session 1:\$770	<input type="checkbox"/> Session 1: _____
Session #2: 7/4 Off (Jun 25 - July 6)	<input type="checkbox"/> Session 2: \$520	<input type="checkbox"/> Session 2: \$630	<input type="checkbox"/> Session 2:\$770	<input type="checkbox"/> Session 2: _____
Session #3: (July 9– July 20)	<input type="checkbox"/> Session 3: \$520	<input type="checkbox"/> Session 3: \$630	<input type="checkbox"/> Session 3:\$770	<input type="checkbox"/> Session 3: _____
Session #4: (July 23– Aug 3)	<input type="checkbox"/> Session 4: \$520	<input type="checkbox"/> Session 4: \$630	<input type="checkbox"/> Session 4:\$770	<input type="checkbox"/> Session 4: _____
Session #5 (Aug 6- Aug 17)	<input type="checkbox"/> Session 5: \$520	<input type="checkbox"/> Session 5: \$630	<input type="checkbox"/> Session 5:\$770	<input type="checkbox"/> Session 5: _____
For non-Intercultural students, please complete the following:				
<i>Name: Parent / Guardian #1</i>			<i>Name: Parent / Guardian #2</i>	
<i>Address</i>				
<i>Home Phone</i>	()			
<i>#1(work)</i>	()	<i>#2 (work)</i>	()	
<i>#1 (cell)</i>	()	<i>#2 (cell)</i>	()	
<i># 1 E-mail</i>			<i># 2 E-mail</i>	

- ☐ **I understand that this registration and a nonrefundable deposit of \$200 per session is due by May 1, 2018 and the balance is due on or before June 1st, 2018.** Payments must be made by check payable to: Intercultural Montessori Language School. Cancellations must be submitted in writing. All deposits and payments are non-refundable and non-transferable.

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____ Date: _____

Date submitted: _____

SUMMER CAMP
INTERCULTURAL MONTESSORI LANGUAGE SCHOOL
EMERGENCY CONTACT / PICK-UP AUTHORIZATION

Student's name _____ D.O.B. _____ Campus: ☐ Chicago
☐ Oak Park

For Current Intercultural Students Only:

☐ *I am choosing to update my student's emergency contact form online before June 1st. (Please skip the next section.)*

Emergency Contact Information / Pick-Up Authorization

Who do we call in case of emergency? Who may pick up your child?

Parent/Guardian #1 Name _____ email _____

Address _____ City _____ Zip _____ Home Phone _____

Relationship to child _____ Work Phone _____ Mobile Phone _____

Parent/Guardian #2 Name _____ email _____

Address _____ City _____ Zip _____ Home Phone _____

Relationship to child _____ Work Phone _____ Mobile Phone _____

Name _____ Daytime phone _____ Mobile phone _____

- ☐ Emergency Contact Relationship to child _____
☐ Authorized to pick-up

Name _____ Daytime phone _____ Mobile phone _____

- ☐ Emergency Contact Relationship to child _____
☐ Authorized to pick-up

Name _____ Daytime phone _____ Mobil phone _____

- ☐ Emergency Contact Relationship to child _____
☐ Authorized to pick-up

Medical Information

Medical conditions, **ALLERGIES**, medications

Doctor's Name & Phone _____

Signed by parent #1 or legal guardian _____
(please sign)

Signed by parent #2 or legal guardian _____
(please sign)