

# FSM Summer Camps 2017

(Please check the camps your camper wishes to attend)

**Gardening in the Sun**

6/26 - 6/30

Ages 3 - 7 9 a.m. - 1 p.m.

**'Souper' Summer Fun**

7/10 - 7/14

Ages 3 - 7 9 a.m. - 1 p.m.

**Let's Get Crafty**

7/17 - 7/21

Ages 3 - 8 9 a.m. - 1 p.m.

**Time for Tea**

7/24/ - 7/28

Ages 3 - 7 9 a.m. - 12 p.m.

**French Camp**

8/21 - 8/25

Ages 3 - 5 9 a.m. - 12 p.m.

## Registration Form

### **Camp participant**

Full name \_\_\_\_\_

Age \_\_\_\_\_

Preferred name (if different) \_\_\_\_\_

Parent name:- \_\_\_\_\_

Address:- \_\_\_\_\_

\_\_\_\_\_

Home phone:- \_\_\_\_\_ Cell:- \_\_\_\_\_

(\* Please indicate which phone number is best to use during camp hours)

Email address:- \_\_\_\_\_

In the event of an emergency and you cannot be reached, please provide at least two other names of people who we may contact:-

Name:-

Phone:-

Relationship to child:-

\_\_\_\_\_

\_\_\_\_\_

Is there any other information that you wish us to know, about your child? For example health circumstances, food allergies or other concerns. Please detail below:-

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I do/do not give my permission to the FSM camp leader to obtain emergency medical care for my child \_\_\_\_\_ in the event of an emergency during the FSM day Day Camp(s).

Our preferred doctor/clinic:- \_\_\_\_\_

Doctor's phone:- \_\_\_\_\_

Name of insurance provider:- \_\_\_\_\_

Insurance details:- \_\_\_\_\_

I am a parent/legal guardian of \_\_\_\_\_ and request that my child(ren) participate in FSM Day Camps. I release FSM Day Camp, First Stage Montessori and FSM staff from any and all liability for accident or injury that might occur in connection with such participation.

Signed :- \_\_\_\_\_ Date:- \_\_\_\_\_

I understand that photographs of my child may be taken of my child during the camp(s).

- I authorize use of these photos for promotional purposes.
- I do not authorize pictures of my child to be used for promotional purposes.

Camp fees:- \$175 **All Camps (Excluding French Camp & Souper Camps)**  
\$165 **French Camp** \$185 **Souper Camp** (including all materials)

**In order for you registration to be complete, and to confirm a place at camp, please enclose your completed this completed form and the camp fee(s) to:-**

**F.S.M., P.O. Box 1523, Poulsbo, WA 98370**  
(Checks may be payable to First Stage Montessori.)

**We look forward to seeing you soon. Thank you!**