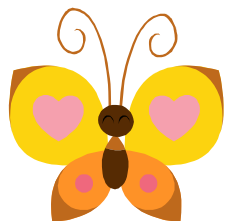
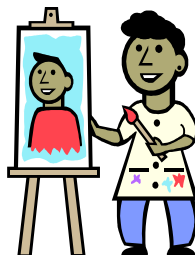


AppleSeed Almaden Montessori School Summer Camp 2009

For children entering kindergarten—6th Grade



June 15-August 21
8:30am-6:00pm
Monday-Friday
\$240/week



Our weekly themes are:

- *Cooking with Flair
- *Science
- *Around the World
- *My Smart Body
- *Dance Across the Decades
- *Drawing & Painting
- *Music & Movement
- *3D Art
- *Chinese Culture
- *Bugs & Creepy Crawlers

Each week your child will experience:

- Projects related to the theme
- Art
- Outdoor play
- Group games
- Singing & music
- Math & English work

For more information:

5200 Dent Ave.
San Jose, CA 95118
(408) 264-7333
www.appleseedalmaden.com

Sample Daily Camp Schedule (subject to change)



- 8:30-9:00 Arrival, free play, reading, puzzles
- 9:00-9:15 Opening Ceremonies, camp songs, group meeting.
- 9:15-10:00 Math & English work
- 10:00-10:30 Bathroom, wash hands, have snack
- 10:30-11:00 Outside play time
- 11:00-12:00 1st thematic activity
- 12:00-1:00 Bathroom, wash hands, have lunch
- 1:00-2:30 2nd thematic activity
- 2:30-3:00 Bathroom, wash hands, have snack
- 3:00-4:00 Changes daily: music, story-telling, special project
- 4:00-5:00 Outside play time
- 5:00-5:30 Reading, quiet games, puzzles
- 5:30-6:00 Closing ceremonies, camp songs, dismissal

EXTENDED CARE AVAILABLE from 7:30-8:30 am.
Please check with the office for details & availability.

Schedule subject to change.

AppleSeed Almaden Montessori School, Summer School Program

Application for Summer Admission 2009

\$240 per week (no fractions, no discounts)

We will be closed July 30 and 31 for Teacher Training Days

Daily rate of \$50 is available for July 27, 28, 29.

Week 1: June 15 – June 19	Week 6: July 20 - 24
Week 2: June 22 – June 26	Week 7: July 27, 28 & 29 at \$50 per day
Week 3: June 29 – July 2 (7/3 holiday, no refund for holiday)	Week 8: Aug. 3 - 7
Week 4: July 6 - 10	Week 9: Aug 10 - 14
Week 5: July 13-17	Week 10: Aug. 17 - 21

Week(s) Enrolled: 1 2 3 4 5 6 7 8 9 10

Child's Full Name: _____ Date of Birth: _____

Parent's Names _____ Grade entering (in Sept.) _____

Home Address: _____ Home Phone: _____

City: _____ Zip: _____ Cell / Work Phone: _____

Cell / Work Phone: _____

Child's Physician _____ Medical # _____

Physician's Address: _____ Phone Number: _____

Child's Dentist: _____ Phone Number: _____

Special Considerations: _____
(Allergies, Diet, Physical, Health, Custody, etc.)

Name: _____ **Relationship:** _____ **Phone:** _____

- All enrollment applications are subject to approval and placement is not guaranteed until a \$25 non-refundable registration fee has been paid and the admission agreement has been signed. Registration fee is waived for students continuing from the 2008-'09 after school program.
- **A 1 WEEK WRITTEN NOTICE IS REQUIRED** if you choose to withdraw your child from the 2009 Summer program. Failure to provide a 1-week written notice will result in application of your tuition to any sums due under this policy.
- All enrollment applications are subject to approval. Priority is given to students continuing from the 2008-'09 After School Program. A minimum of 12 children enrolled each week are needed in order for the program to begin.
- In case of emergency I/we authorize AppleSeed Personnel to obtain emergency medical/dental information and/or care at my/our expense.
- There will be additional fees for field trips. The teachers will distribute information to parents, and Permission Forms will be required to attend.
- Students staying after pick up time (6:00 pm) will be charged a penalty of \$1.00 per minute, payable in cash or check directly to the teacher(s) who stay with your child.
- Extended day care service is available from 7:30-8:30 am at \$10/hour; no fraction of an hour.
- A service charge of \$40.00 will be imposed for any returned check. Payment must be made in cash, cashier's check or money order once a check has been returned as non-sufficient funds.
- AppleSeed Almaden Montessori School reserves the right to terminate this agreement if: a) The program does not meet the needs of the child, b) Individuals do not follow school policies, c) Lack of parent's cooperation, d) Financial obligations are not met.

I/We grant authority to AppleSeed Almaden Montessori School to verify the information provided above.

I/We, the parent(s) or legal guardian(s) of the child named above am/are hereby granting this child permission to participate in AppleSeed Almaden Summer Program.

Parent(s) Signature _____ Date _____

For Office Use ONLY:	Starting Date: _____	Room: _____
Enrollment Received Date: _____	Received by: _____	
Registration fee: \$ _____	Tuition: _____ for dates _____	CK# _____ CK Date: _____