

# Camp Leonardo Registration - 2011

Child's Name: \_\_\_\_\_ Likes to be called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade entering in the Fall \_\_\_\_\_

Child's Address: \_\_\_\_\_  
 Street Address Town/City Zip Code

Telephone: \_\_\_\_\_  
 (Home)

Email: \_\_\_\_\_  
 Cell

Please check the weeks that you are enrolling for:

		<u>Mornings</u>	<u>Full Day</u>
June 20-24	Camp Sprout	[ ]	[ ]
June 27-July 1	Camp Once Upon A Time	[ ]	[ ]
July 5 -7*	Camp Young at Art	[ ]	[ ]
July 11-15	Camp Through the Woods	[ ]	[ ]
July 18-22	Wee Cook	[ ]	[ ]
July 25-29	Camposaurus Trex	[ ]	[ ]
Aug 1-5	Construction Junction	[ ]	[ ]
Aug 8-12	Seashells By the Seashore	[ ]	[ ]

\* 4 day program

Will you need before or after program care? [ ] Yes [ ] No

PARENT INFORMATION – MOTHER		
Name: _____		
Date of Birth: _____	Home Phone: _____	Cell Phone: _____
Address: _____		
Town/City: _____	State/Zip Code: _____	Email: _____
PARENT INFORMATION - FATHER		
Name: _____		
Date of Birth: _____	Home Phone: _____	Cell Phone: _____
Address: _____		
Town/City: _____	State/Zip Code: _____	Email: _____

The cost of Camp Leonardo programs is as follows:

Half-Day Sessions \$125/week Morning 8:30-11:30am

Full- Day Sessions \$225/week 8:30am-3:30pm

FREE Camp T-shirt provided to all campers

Before and After-care available: 8am (free) and 3:30-5pm (\$75/week)

*July 5 4 day program*

*Half-Day \$100*

*Full-Day \$180*

Discounts (multiple discounts can be applied):

Multiple Week Discounts 5 weeks - 5% discount

8 weeks – 10% discount

Multiple Child Discount 5%

Payment in Full is expected at time of registration. \$50 of each registration is non-refundable. The balance is refundable up to three weeks prior to the start date of the program.

Children attending full day programs are required to bring a morning snack, packed lunch and beverage with their name each day. Those that are attending full day are encouraged to bring an afternoon snack as well.

### Child's Personal History

Does the child live with: Both parents; one parent; a caregiver? Describe his or her living arrangements, including custody information, if necessary.

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Does the child have any special needs (academic, diet, vision, hearing, speech, social)? Please describe.

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Have you ever had concerns about the child's development or behavior? Please explain.

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This information is accurate to the best of my knowledge.

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

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

**Southern NH Montessori Academy admits students of any race, color, and national or ethnic origin**

Camp Leonardo T-Shirt Size (provided courtesy of SNHMA):

Youth XX-Small       Youth X-Small       Youth Small       Youth Medium

Total

Number of Weeks Selected:      \_\_\_\_\_ Half-Day@\$125      \_\_\_\_\_

\_\_\_\_\_ Full-Day @\$225      \_\_\_\_\_

Subtotal      \_\_\_\_\_

Multiple Child Discount      5%      <\_\_\_\_>

Multiple Week Discount      5 weeks/5%      8 weeks/10%      <\_\_\_\_>

Total Discounts      \_\_\_\_\_

Total Due      \_\_\_\_\_

