

American Montessori Academy

1050 DOUGLAS BLVD., ROSEVILLE, CA 95678

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www.americanmontessoriacademy.com

SuperSummer 2009

June 8th through August 21st

American Montessori Academy of Roseville, California is a year-around licensed and certified Montessori School. During the summer months, June, July, and August, we invite children

three through nine years of age

to our campus for the finest, age-appropriate recreation. This is an ideal time for the new Montessori child to become acquainted with the wonders of the fully prepared environment and the pleasure of socializing in secure and predictable surroundings.

Our staff of trained professionals harbors the philosophy of "choice" for the children in our care. We focus on providing a nurturing environment, which encourages freedom and independence. Each day is prepared, yet flexible, offering unstressed hours of activity.

Our class time atmosphere encourages self-expression and awareness through art, drama, and music. The children are challenged by light academics. Age appropriate learning material is presented in keeping with the Montessori method. Children take pleasure in practicing skills and sharing information in the areas of math, science, language and geography.

Our playtime and professional entertainment is designed to suit all levels of interest and ability. Children participate in carefully planned outings and special events, such as tours, picnics, roller-skating, pancake breakfasts, and family gatherings. AMA contracts visits by professional entertainers, guest speakers, clowns, face painters, touring animal shows, musicians, magicians, and more.

Our air-conditioned classrooms protect the children from the heat and provide a spacious arena for work and play.

Our grounds are shaded and secure. Giant water slides, water play, group games, and imaginative play is encouraged.

Our parents are invited to participate in the festivities, and help with outings. Field outings are subject to cancellation without adequate parental involvement.

Our policy is non-discriminatory relative to race, color, gender and national origin with respect to the admission of students and faculty employment.

An Events calendar and welcome letter of confirmation, regarding group placement, supplies, and financial detail will follow your completed application.

Since enrollment is limited, timely registration is suggested.

ama SUPER SUMMER 2009

TUITION SCHEDULE

JUNE 8TH THROUGH AUGUST 21ST - ELEVEN WEEKS - MONDAY THROUGH FRIDAY

9:00 A.M. TO 12:30 P.M. – HALF DAY

| | |
|--------|----------------|
| 5 days | \$140 per week |
| 4 days | \$128 per week |

9:00 A.M. TO 3:30 P.M. – FULL DAY

| | |
|--------|----------------|
| 5 days | \$173 per week |
| 4 days | \$162 per week |

6:30 A.M. TO 6:30 P.M. – EXTENDED DAY

| | |
|--------|----------------|
| 5 days | \$202 per week |
| 4 days | \$189 per week |

Additional Fees

| | |
|--------------------------------------|-----------------|
| New Student Registration: | \$100.00 |
| Activities and Entertainment: | \$125.00 |
| ama Camp Tee-shirt: | \$15.00 |

Discounts

Discount: Tuition is discounted 10% for the sibling(s) enrolled in a program of equal or fewer hours.

Accumulated Childcare is \$4.50 per hour, per child.

TERMS OF APPLICATION:

Our youngest SuperSummer camper must be at least two and a half years of age and toilet trained. Our oldest SuperSummer camper should be comfortable with peers of six through nine years of age.

HOW TO ENROLL:

1. Submit a registration form for each child.
2. Please read the FINANCIAL CONDITIONS and complete the REGISTRATION FORM in full. Financial calculations are made from the information provided.
3. Attach \$125.00 deposit. Add an additional \$100.00 New Student Fee if the child has never attended American Montessori Academy. The deposit is credited to the activities and entertainment fee and is non-refundable after June 1, 2009. The New Student Fee is not refundable.
4. Families of new students will receive a student enrollment packet after enrollment has been confirmed.
5. Attach a **separate** check for at least one tee shirt. Additional shirts may be purchased and must be prepaid. Shirts are available in goldenrod color only. \$15 for youth size / \$20 for adult size.
Tee Shirts Are Mandatory -Tee shirts are available in goldenrod only. Shirts from previous years are acceptable if they remain in good condition and vivid in color. Children wear their camp shirts swimming and on all outings. Investing in a second shirt is optional, but well advised.

AMA accepts all major credit cards. Checks should be made payable to American Montessori Academy.

FINANCIAL CONDITIONS

- Previous accounts held with **ama** must be reconciled before approving application for SuperSummer.
- Summer tuition is payable by the week (please initial preference) ____ due on Tuesdays of each week or by month ____ due on the first school day of each month.
- A \$10 late fee will be enforced for accounts more than four(4) days delinquent. Services will cease after ten(10) days delinquent. A \$50 charge will be assessed for checks returned by the bank for whatever reason.
- A written letter of intent must be received fifteen(15) days before withdrawing from or altering down a child's schedule.
- Twenty per cent(20%) of the remaining tuition will be assessed for early withdrawal from SuperSummer.
- Credits or exchanges cannot be made for days missed.
- It is possible, for the cost of the day, that a child may attend on a day not originally scheduled.
- Field outings are subject to cancellation without adequate transportation. Admission fees may not be refundable.

.... looking forward to super summer days together.

American Montessori Academy's SuperSummer 2009
JUNE 8TH THROUGH AUGUST 21ST / REGISTRATION FORM

Name of child _____ DOB: _____ Female / Male _____ Phone: _____
 Address: _____ City _____ Zip _____

Mother's Name: _____ Evening Phone: _____
 Day Phone: _____ Cell _____ email: _____

Father's Name: _____ Evening Phone: _____
 Day Phone: _____ Cell _____ email: _____

Our child is a new student ___ returning student ___ Our child takes a nap Y / N ? Our child is toilet trained Y / N ?

Please follow the HOW TO ENROLL procedure as described on the TUITION SCHEDULE.

- SuperSummer operates for eleven weeks. A minimum enrollment of eight weeks is required. (It is not necessary that weeks of attendance be consecutive.)
- Program changes will be accepted without notice, prior to June 1. (See FINANCIAL CONDITIONS.)
- **PLEASE NOTE:** AMA is closed, August 24 to August 28th, in order to prepare for the upcoming academic year.
- Acceptance in SuperSummer is separate from the American Montessori Academy academic year. Separate application must be presented for regular school term 2009-2010.

Circle the italicized number in front of each week your child will attend AMA SummerFun 2009.

| JUNE | | | | | | JULY | | | | | | AUGUST | | | | | |
|----------|----|----|----|----|----|----------|----|----|----|----|----|-----------|----|----|----|----|----|
| Wk # | M | T | W | TH | F | Wk # | M | T | W | Th | F | Wk # | M | T | W | Th | F |
| <i>1</i> | 8 | 9 | 10 | 11 | 12 | <i>5</i> | 6 | 7 | 8 | 9 | 10 | <i>9</i> | 3 | 4 | 5 | 6 | 7 |
| <i>2</i> | 15 | 16 | 17 | 18 | 19 | <i>6</i> | 13 | 14 | 15 | 16 | 17 | <i>10</i> | 10 | 11 | 12 | 13 | 14 |
| <i>3</i> | 22 | 23 | 24 | 25 | 26 | <i>7</i> | 20 | 21 | 22 | 23 | 24 | <i>11</i> | 17 | 18 | 19 | 20 | 21 |
| <i>4</i> | 29 | 30 | 1 | 2 | 3 | <i>8</i> | 27 | 28 | 29 | 30 | 31 | | | | | | |

AMA is closed August 24 through August 28.

Circle the number of days per week your child will attend: **5 4**

Indicate which days of the week your child will attend. **M T W Th F (Please circle your preference.)**

Indicate the approximate time of arrival _____ a.m. and departure _____ p.m.

Indicate tee shirt size/qty: **Youth** : Sm/___ Med/___ Lg/___ **Adult**: Sm/___ Med/___ Lg/___ XL/___

Comments: _____

Return this form with applicable fees and deposits.

Payment for _____ (total quantity) tee shirt(s) _____ Tee shirt(s) \$ _____
 Deposit to secure reservation _____ Deposit /Fees \$ _____
 Total attached \$ _____

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Signature: _____ Date: _____

Printed name: _____ Driver's License: _____

PERSONAL AND EMERGENCY INFORMATION

SuperSummer 2009

Child's Last Name: _____

| | | |
|---------------------------------|------------|-------------------|
| (If highlighted, refer to file) | First: | Middle: |
| Age: _____ | DOB: _____ | Home Phone: _____ |

Home Address: _____
Street
City
Zip

| | | |
|------------------|---------------------------------|--------------------|
| Mother's Name: | CDL #: Maiden name: | Day phone: |
| Mobile Ph: _____ | Pager: _____ | Evening Ph: _____ |
| Father's Name: | CDL #: Mother's Maiden Name: | Day phone: Ext: |
| Mobile Ph: _____ | Pager: _____ | Evening Ph: _____ |

Please list persons authorized to service child in an emergency (other than parents).

| Name | Relationship: | Contact Ph: |
|------|---------------|-------------|
| | | |
| | | |

List others who would be authorized to transport child away from school:

| Name | Relationship | Name | Relationship |
|------|--------------|------|--------------|
| | | | |
| | | | |

Parent/Legal Guardian Signature: _____ SS#: _XXXX-XX-_____
Please print name: _____ Date: _____
email address: _____

Does the school have permission to release your phone number and/or address to other schoolmates? YES NO (circle one)

EMERGENCY PROCEDURE

PHYSICIAN TO BE CONTACTED:

| | | |
|--------------|-----------------|---------------|
| Name: | Address: | Phone: |
| | | |

If physician cannot be reached, state action to be taken:
Name emergency hospital: _____ Does child's insurance cover emergency care? _____
Other action?: _____

List below any allergies or conditions school should know about:

| Bee Stings: Y N | Asthma? Y N | Tubes in ears? Y N | Other: |
|-----------------------------|-------------|--------------------|--------|
| Foods (list to right) | 1) | 2) | 3) |
| Environment (list to right) | 1) | 2) | 3) |
| Medications (list to right) | 1) | 2) | 3) |

Does child wear glasses? _____ Is child prone to high fevers? _____ Do high fevers bring convulsions? _____
Does child take medication regularly? _____ Please identify _____

Please describe any special considerations which would help us to assist the medical care provider as well as your child in the event of an emergency. _____

Does the school have permission to administer, according to directions, children's aspirin-free pain reliever in the event a parent or alternate contact person is unavailable? Yes No (circle one)

Please Sign: _____