



Intercultural

Montessori Language School

Summer Language Camp

Registration Opens January 2019

Cultural exposure programs in your choice of target language:

- Spanish/English
- Chinese Mandarin/English

Program Highlights:

- Crafting and art
- Gardening
- Exploring food from around the world!
- Sprinkler Days
- Picnics
- From egg to chick- Study the life cycle of the chicken with real baby chicks!



June 17 - June 21.....	Session 1 (1 week session): Animal Habitats Part 1
June 24 - July 5 (<i>July 4th off</i>).....	Session 2 (2 week session): Animal Habitats part 2
July 8 - July 19.....	Session 3 (2 week session): STEM: “Aeronautical Experience” Part 1
July 22 - August 2.....	Session 4 (2 week session): STEM: “Aeronautical Experience” Part 2
August 5 - August 16.....	Session 5 (2 week session): “All About me!”

CHOOSE YOUR PLAN:



Plan A: Half Day
8:00 am - 12:30 pm
\$520 per session or
\$260 per week

Plan B: Full Day
8:00 am - 3:00 pm
\$640 per session or
\$320 per week

Plan C: Extended Day
8:00 am - 6:00 pm
\$780 per session or
\$390 per week



Enrollment Information:

- \$200 deposit per session due May 1st
- Balance due in full by June 1st



Intercultural

Montessori Language School

2019 Summer Camp Registration- Oak Park Campus

Child's Name				
Birth Date	/ /	Age as of Jun 10	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Current Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Summer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Language	<input type="checkbox"/> Spanish <input type="checkbox"/> Chinese Mandarin			
Program & Sessions	<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 17 –Jun 21) <i>1 week session</i>	<input type="checkbox"/> Session 1: \$260	<input type="checkbox"/> Session 1: \$320	<input type="checkbox"/> Session 1:\$390	<input type="checkbox"/> Session 1: _____
Session #2 (June 24 - July 5) <i>July 4 off</i>	<input type="checkbox"/> Session 2: \$520	<input type="checkbox"/> Session 2: \$640	<input type="checkbox"/> Session 2:\$780	<input type="checkbox"/> Session 2: _____
Session #3: (July 8– July 19)	<input type="checkbox"/> Session 3: \$520	<input type="checkbox"/> Session 3: \$640	<input type="checkbox"/> Session 3:\$780	<input type="checkbox"/> Session 3: _____
Session #4: (July 22– Aug 2)	<input type="checkbox"/> Session 4: \$520	<input type="checkbox"/> Session 4: \$640	<input type="checkbox"/> Session 4:\$780	<input type="checkbox"/> Session 4: _____
Session #5: (Aug 5– Aug 16)	<input type="checkbox"/> Session 5: \$520	<input type="checkbox"/> Session 5: \$640	<input type="checkbox"/> Session 5:\$780	<input type="checkbox"/> Session 5: _____

For non-Intercultural students, please complete the following:

Name: Parent / Guardian #1		Name: Parent / Guardian #2	
Address			
Home Phone	()		
#1(work)	()	#2 (work)	()
#1 (cell)	()	#2 (cell)	()
# 1 E-mail		# 2 E-mail	

I understand that this registration and a nonrefundable deposit of \$200 per session is due by May 1, 2019 and the balance is due on or before June 1st, 2019. 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)