



Island Summer Camp

For students ages 4 to 9.
Sessions run from June 8th to July 31st.

Island Summer Camp Application

Today's Date: _____

A registration and materials fee of \$50 must accompany this form.

Camp Session(s): _____

Program:

- Plan A; M-F 8-12 Plan B; M-F 8-3
 Plan C; M-F 8-5:30

FOR IMA FAMILIES
 Transitional childcare will be offered from 8am to 5pm for \$200/wk. Please register by May 1st.
 May 26-29 June 1-5 August 3-7

Child's Full Name: _____

Nickname: _____

Birth Date: _____

Gender: F M

Please complete the following information for each parent:

_____	Name in Full	_____
_____	Address	_____
_____	Home Phone	_____
_____	Occupation/Title	_____
_____	Employer	_____
_____	Employer Address	_____
_____	Other Phone	_____
_____	Work Phone	_____
_____	Email Address	_____

Are the child's parents divorced or separated? No Yes

If yes, to whom should we address correspondence? _____

Has your child attended school previously? If yes, please give the name, location, and years attended for each:

_____	_____
Name of School, City, State	Years Attended

_____	_____
Name of School, City, State	Years Attended

(over)

Siblings:

_____	_____	_____
Name	Date of Birth	School (if applicable)
_____	_____	_____
Name	Date of Birth	School (if applicable)
_____	_____	_____
Name	Date of Birth	School (if applicable)

Tuition Options

- Plan A** Weekly \$135 Full 8 Weeks \$972
- Plan B** Weekly \$175 Full 8 Weeks \$1260
- Plan C** Weekly \$250 Full 8 Weeks \$1800

Diversity Statement: The Island Montessori Academy admits students and parents of any race, gender, color, religious affiliation, national or ethnic origin, sexual orientation or marital status to all rights, privileges, programs and activities generally accorded or made available to students at our school. We do not discriminate in the administration of our school policies and programs.

For Office Use Only:

Date App Rec'd _____	Fee Rec'd _____
Child Visit _____	Parent Int _____