

# First Stage Montessori Summer Camps 2023

(Please check the camps your camper wishes to attend)



## Dance Around the World

6/19 – 6/23

Ages 4 – 7 9 a.m. – 1 p.m.



## Time for Tea

6/26 – 6/30

Ages 3 – 7 9 a.m. – 1 p.m.



## The Great Dig

7/10 – 7/14

Ages 3 – 6 9 a.m. – 1 p.m.



## Being with Friends (Mini-camp, Weds – Fri, 3 days)

7/26 – 7/28

Ages 2.5 – 4

8:30 a.m. – 11.00 a.m.

## Registration Form

### Camp participant

Full name \_\_\_\_\_

Age \_\_\_\_\_

Preferred name (if different) \_\_\_\_\_

Parent name:- \_\_\_\_\_

Address:- \_\_\_\_\_

\_\_\_\_\_

Home phone:- \_\_\_\_\_ Cell:- \_\_\_\_\_

(\* Please indicate which phone number is best to use during camp hours)

Email address:- \_\_\_\_\_

In the event of an emergency and you cannot be reached, please provide at least two other names of people who we may contact:-

Name:-

Phone:-

Relationship to child:-

\_\_\_\_\_

\_\_\_\_\_

Is there any other information that you wish us to know, about your child? For example health circumstances, food allergies or other concerns. Please detail below:-

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I do/do not give my permission to the FSM camp leader to obtain emergency medical care for my child \_\_\_\_\_ in the event of an emergency during the FSM Day Camp(s).

Our preferred doctor/clinic:- \_\_\_\_\_

Doctor's phone:- \_\_\_\_\_

Name of insurance provider:- \_\_\_\_\_

Insurance details:- \_\_\_\_\_

I am a parent/legal guardian of \_\_\_\_\_ and request that my child participates in FSM Day Camps. I release FSM Day Camp, First Stage Montessori and FSM staff from any and all liability for accident or injury that might occur in connection with such participation.

Signed :- \_\_\_\_\_ Date:- \_\_\_\_\_

I understand that photographs of my child may be taken of my child during the camp(s).

☐ I authorize use of these photos for promotional purposes.

☐ I do not authorize pictures of my child to be used for promotional purposes.

Camp fees:- \$225 **All weeklong camps** (including all materials)

\$175 **Mini camp**

**In order for you registration to be complete, and to confirm a place at camp, please enclose your completed form and the camp fee(s) to:-**

**F.S.M., P.O. Box 1523, Poulsbo, WA 98370**  
(Checks may be payable to First Stage Montessori.)

**We look forward to seeing you at camp! Thank you!**