FSM Summer Camps 2021

(Please check the camps your camper wishes to attend)

Flow	ver Power	Time for Tea!	Great Impressions
7/12	2 – 7/16	7/19 – 7/23	8/2 - 8/6
9 a.m	n. – 1 p.m.	9 a.m. – 1 p.m.	9 a.m. – 1 p.m.
Ages	3 – 7	Ages 3 – 6	Ages 3-6
		<u>Registration Form</u>	
<u>Camp parti</u>	icipant		
Full name			Age
Preferred r	name (if different)		
Parents nai 1)	me:-	2)	
Address:-			
Home phor	ne:	Cell:	
(* Please indic	ate which phone number is b	est to use during camp hours)	
Email addro	ess:-		
	t of an emergency and eople who we may con	you cannot be reached, pleas tact:-	e provide at least two other
Name:-	Phone:-	Relationsh	ip to child:-
-		t you wish us to know, about her concerns. Please detail be	your child? For example health elow:-

I do/do not give my permission to the FSM camp leade my child 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 my child(ren) participate in FSM Day Camps. I release and FSM staff from any and all liability for accident, illr connection with such participation.	FSM Day Camp, First Stage Montessori			
Signed :	Date:			
I understand that photographs of my child may be take	en 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 prome	otional purposes.			
I have signed and agree to follow the FSM Covid – Commun	nity Commitment			
*Due with this application - Camp fees (all camps, per week):- \$210 (including all materials) Non-refundable once the first day of camp has commenced.				
In order for your registration to be complete, and to on this completed form, FSM Covid Community Commite				
F.S.M., P.O. Box 1523, Poulsbo, WA 98370				

(Please make checks may be payable to First Stage Montessori, thank you!)

We look forward to seeing you soon.

Thank you!