

# First Stage Montessori Summer Camps 2026

(Please check the camps your camper wishes to attend)



## Flower Power

6/29/26 – 7/3/26

Ages 3 – 6 9 am – 1 pm



## Being with Friends (Mini-camp, 3 day)

7/ 13/26 – 7/ 15/26

Ages 2.5 – 4 8:30 am – 11:00 am



## Time for Tea

7/13/26 – 7/17/26

Ages 3 – 7 11:45 am – 3:45 p.m.



## Great Impressions

8/3/26 – 8/7/26

Ages 3 – 6 9 am – 1 pm

## 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? E.g. 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:-

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Doctor's phone:-

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Name of insurance provider: \_

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Insurance details:-

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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:- \$245 **All weeklong camps** (including all materials)

\$195 **3-day Mini camp.** (including all materials)

**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**  
(Please take cash, checks OR money orders payable to First Stage Montessori.)

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