



RMCH 2024 Summer Camp ANIMAL ADVENTURES



Join us for a summer full of Animal fun! Whether on land or sea, in the sky, or underground, we'll learn about a variety of animals that inhabit this planet with us. Get your magnifying glasses and binoculars ready! You never know what you are going to see. We are offering two sessions this summer.

Session 1: June 10-June 28

Session 2: July 8-July 26

RMCH Summer Camp Calendar to be released in May

<i>Program</i>	<i>Camp Day</i> (8:00am-12:00pm)	<i>After School Program</i> (12:00pm-2:30pm)
<i>Weekly Rate</i>	\$225	\$55
<i>Session 1 Rate (10% Discount)</i>	\$608	\$149
<i>Session 2 Rate (10% Discount)</i>	\$608	\$149
<i>All Summer (20% Discount)</i>	\$1080	\$264

Please check with the office if your child needs to stay beyond these hours.

****Both sessions are contingent upon adequate enrollment****

Summer Camp registration opens on 2/5/2024.

To register your child for RMCH 2024 Summer Camp please submit the attached applications with a \$100 non-refundable registration fee to our office at 732 N. Norma Street, Suite #B

Please contact us at ridgecrestmch@gmail.com or Call [\(760\) 381-6527](tel:(760)381-6527)



Ridgecrest Montessori Children's House Enrollment Application 2024 Summer Camp

Ridgecrest Montessori Children's House Elementary School is enrolling now for the upcoming 2024 Summer Camp

We will offer 2 sessions summer program from 8:00 a.m. till 12:00 p.m. After school enrichment program from 12:00 p.m. till 2:30 p.m.

- June session: June 10- June 28
- July session: July 8- July 26

Child's Information:

First Name: _____ Last: _____ M.I.: _____

Gender: _____ Date of Birth: _____ 2024-25 Grade: _____

Primary Parent/Guardian Information:

First Name: _____ Last: _____ M.I.: _____

Address: _____

Primary Phone: _____ E-mail: _____

Employer: _____ Occupation: _____

Secondary Parent/Guardian Information (if applicable):

First Name: _____ Last: _____ M.I.: _____

Address: _____

Primary Phone: _____ E-mail: _____

Employer: _____ Occupation: _____

To register your child please complete and submit the following items:

- Enrollment Application
- Admission and Tuition Contract
- Registration Fee of \$100 (Payable to Ridgecrest Montessori Children's House, LLC)

If you have any questions about completing the Registration Packet, please reach out to us at **(760) 381-6527** or at **ridgecrestmch@gmail.com**.



Tuition Contract 2024 Summer Camp

I wish to enroll my child _____, Date of Birth _____,
for the 2024 Summer Camp at Ridgecrest Montessori Children's House Elementary School.

Tuition for each summer camp session is due by the first day of that session.

An invoice of non-refundable registration fees of \$100 will be sent on June 1st.

Invoices will be sent one week prior to each session's start date to the email address you provide below:

Email Address: _____

Please Check desire week or session(s):

<i>Program</i>	<i>X Camp Day</i> (8:00am-12:00pm)		<i>X Enrichment Program</i> (12:00am-2:30pm)	
<i>Weekly Rate</i>	\$225		\$55	
<i>Session 1 Rate (10% Discount)</i>	\$608		\$149	
<i>Session 2 Rate (10% Discount)</i>	\$608		\$149	
<i>All Summer (20% Discount)</i>	\$1,080		\$264	
<i>Week 1: (June 10th-14th)</i>	\$225		\$55	
<i>Week 2: (June 17th-21st)</i>	\$225		\$55	
<i>Week 3: (June 24th-28th)</i>	\$225		\$55	
<i>Week 4: (July 8th-12st)</i>	\$225		\$55	
<i>Week 5: (July 15th-19th)</i>	\$225		\$55	
<i>Week 6: (July 22nd-26th)</i>	\$225		\$55	

For Office Use Only:

Date Received: _____

Registration Fee: _____

Check #: _____



Tuition Contract

2024 Summer Camp

We offer a 15-minute grace period before and after your child's program at no additional cost. Extra time needed beyond the grace period can be arranged through the office and will be billed separately at our extra fee rate of \$12/hr.

Payment for each summer session is due by the first day of that session. Payments received after the 5th day of the session will be subject to a \$40 late fee. If payment is not received by the 10th day of the session, we will begin a leave of absence for your child until we receive payment in full.

Our preferred method of payment is Cash, money order or check. Checks must be made for Ridgecrest Montessori Children's House or RMCH. Payments can be made in RMCH office between the hours of 8:00 a.m. and 1:00 p.m.

If you changed programs after the session begins, your tuition will be pro-rated based on the number of days attended in each program. **If you need to disenroll your child, a 14-day written notice is required. You are financially responsible, without exception, for tuition incurred through that period.**

I have read, fully understand, and agree to the above tuition and admission policies.

Parent/Guardian _____ Date _____

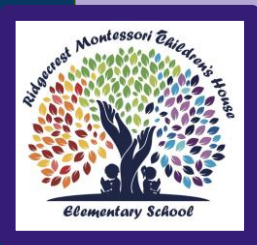
School Representative _____ Date _____

For Office Use Only:

Date Received: _____

Registration Fee: _____

Check #: _____



Child Health & History 2024 Summer Camp

Child's Full Name: _____ Date of Birth: _____

Parent/Guardian Full Name: _____ Age: _____

Parent/Guardian Full Name: _____ Age: _____

Marital Status of Parents: _____ Residing in Same Home? Yes No

Custody/visiting arrangements: _____
(When necessary please provide any official court documentation to the office.)

Other than parent/guardian, who provides care? _____

Names/Ages of Siblings: _____

Child's Bedtime: _____ Wake up time: _____

Dietary restrictions: _____

Please list all medications that your child takes including those at home. If your child needs medication at school, please have the attached form completed.

Allergies: _____ **What symptoms are exhibited?** _____

Has your child's vision and hearing been tested? _____

Please provide a brief evaluation of your child's overall health, personality, specific interests or fears, strengths or weaknesses, and any other information you feel will help us know your child better and meet his/her needs more fully.

Please note any recent or upcoming events such as moving, travel, major changes in parent or child schedule, illness, etc., that may affect your child's behavior.

Please attach additional pages as necessary.



Permissions Form 2024 Summer Camp

Please initial next to each item below to ensure that you have read and understand it. Then sign your full legal name at the bottom of the form.

_____ I give permission for my child, _____, to use the play
Initials equipment and participate in all activities deemed appropriate by the school administration.

_____ I give permission for my child to leave the school premises, under the supervision
Initials of a staff member, for neighborhood walks or for field trips in an authorized vehicle. (Notification of field trips will be given in advance.)

_____ I give permission for my child to be included in photographs utilized in yearbooks,
Initials class photo albums, and private classroom website, at the discretion of a school representative.

_____ I give permission for my child to be included in photographs utilized in occasional
Initials promotional efforts such as local newspaper advertisements and articles, RMCH website and RMCH social media, at the discretion of a school representative.

_____ I give permission for the school to include my email, home address and
Initials telephone number in class lists that are distributed to other RMCH parents.

_____ I give permission for the Administrator or acting Administrator to take any and all
Initials action necessary to obtain emergency medical care, if warranted. These steps may include but are not limited to:

1. Contacting a parent, guardian, or person(s) listed on child's emergency card.
2. Contacting the child's physician.
3. Calling for an ambulance.
4. Sending the child to the emergency room in the company of a staff member.

_____ I also agree to assume all financial responsibility for any expenses incurred as a
Initials result of the above action(s) and I understand that RMCH will not be responsible for anything that may happen as a result of false, incomplete, or out-of-date information given at the time of enrollment or throughout the school year.

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____



RMCH Emergency Contact Information

Student Name: _____ Birth Date: _____

Address: _____

Health Data/ Allergies: _____

Parent/Guardian Information: (Please list guardian and # in the order you want to be contacted.)

Name: _____ Relationship: _____

Best number to reach you during the school day: _____

Secondary number: _____

Name: _____ Relationship: _____

Best number to reach you during the school day: _____

Secondary number: _____

Emergency Contacts: (Others besides guardians that can be reached in case of emergency)

Name: _____ Relationship: _____

Primary phone: _____ Secondary: _____

Name: _____ Relationship: _____

Primary phone: _____ Secondary: _____

Dismissal:

Please list who is authorized to pick up your child: _____

Date: _____ Guardian Signature: _____