

Spring Academy 2025 Montessori + Fun Summer Camp - age up to 6 yrs

Current students: please complete pages 1 & 2 of this package and email them back;

New students: please complete all pages AND complete a Spring Academy Registration Packet

Check the sessions you would like to sign up: (Warren camp runs 6/23-8/22, Westfield camp 6/23-8/29)

	Dates	Theme	Performance
<input type="checkbox"/>	Session 1: 6/23 - 7/3 (closed 7/4)	USA - Refresh our knowledge about the continents and countries with a focus on the United States of America. Engage in various crafts and activities such as making a U.S. flag, creating a map of America, or organizing a scavenger hunt.	
<input type="checkbox"/>	Session 2: 7/7 – 7/18	Bodies of Water - Explore the different types of bodies of water—rivers, brooks, streams, waterfalls, and more. Dive into the fun with hands-on crafts and activities like creating your own fish tank, making bubble art, and enjoying a playful beach day experience, etc.	July 18
<input type="checkbox"/>	Session 3 7/21 - 8/1	Planet Playtime – Blast off into space as we learn about the planets and fun space facts! Engage in hands-on science projects and creative crafts like building our own solar system, making a moon phases puzzle, enjoying a magical camp-out under the stars, etc.	
<input type="checkbox"/>	Session 4: 8/4 - 8/15	Healthy Body – Discover how our amazing bodies work and how to take the best care of them through balanced eating and fun physical activity! Get moving with hands-on crafts and activities like creating a healthy plate, sorting food groups, or building a body puzzle.	Aug 8th
<input type="checkbox"/>	Session 5: Westfield: 8/18 - 8/29 Warren: 8/18 - 8/22	Healthy Mind – Explore our emotions and learn how to express our feelings in positive, healthy ways. Discover how to care for our minds just like we do our bodies through engaging crafts and activities like creating a face spinner, playing emotion charades, or making a friendship bracelet to celebrate kindness and connection.	

Tuition: *\$10/week more for each week reduced

5 Full days: \$450/week (9 or 10 weeks)

4 full days: \$400/week (9 or 10 weeks)

5 half days: \$350/week (8 or 10 weeks)

Time	Classes / Ages	
7:30-9:00 a.m.	Before Care	
9:00-11:30 a.m.	Montessori & Language sessions, themed activities	
11:30 a.m. -2:00 p.m.	Lunch, Nap (K+ students resume learning at 1:00pm)	
2:00-4:00 p.m.	Reinforcement of morning lessons, activities/crafts	
4:00-6:00 p.m.	After care	

Schedule: Full day: 9 am – 4 pm; Half day: 9 am – 12 pm; **Aftercare:** \$50/week; Before care (8 am-9 am) is complimentary for students who need aftercare;

***Please note:**

- We will not offer make-up sessions for missed classes

- Summer tuition is due in full at the time of registration to obtain an 'Early Bird' special discount rate.

Field Trips:

8/1/25: Liberty Science Museum (\$60 incl. ticket & bus)

8/15/25: Picnic & Water play (\$35 incl. bus and food)

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Summer Camp Registration Form

Student Last Name _____ First Name _____

Date of Birth _____ Gender (please circle one): Male Female

Home Address: Street _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Mother's Name _____ Mother's Work Phone _____

Father's Name _____ Father's Work Phone _____

Emergency Contact _____ Emergency Phone Number _____

Session Desired:

5 Full Days From _____ to _____

4 Full Days From _____ to _____

4 Half Days From _____ to _____

Tuition & Fees

Tuition	Material	Registration	Total	Deposit	Paid	Balance
	\$50	\$50		\$300		

A \$300.00 deposit is required for each child at registration time.

Deposit, Registration fee, textbook, and material fee are due upon registration. The textbook, material fee, and registration fee are non-refundable. Tuition is due by _____. Camper's healthy and vaccine information submitted to the camp before or on your first camp day is required by the State Regulation.

I understand that full payment needs to be made upon registration, to take advantage of the Early Bird special discount rate.

Parent/ Guardian's Signature _____ Date _____

Camp Administrator _____ Date _____

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Camp Release Form and Agreement

My child, _____, is allergic to _____
_____. I give my consent for the school to contact my child's doctor for any required information:

Pediatrician's Name _____ Phone # _____

PHOTO RELEASE

I hereby grant permission to Spring Academy to use my child's photograph in official school-printed publications, e-mails, websites, or advertisements without further consideration, and I acknowledge the Spring Academy's right to crop or treat the photograph at its discretion. I also acknowledge that Spring Academy may choose not to use my photo at this time, but may do so at its discretion at a later date.

I hereby grant Spring Academy permission to use my likeness in photograph(s)/video in any of its publications and all other media whether now known or hereafter existing, controlled by Spring Academy in perpetuity, and for other use by the Center. I will make no monetary or other claim against Spring Academy for the use of the photograph(s) and or video and reserve the right to discontinue the use of photos without notice.

Discipline: The Spring Academy is a place where all children feel welcome and safe. Therefore, we reserve the right to dismiss any child from our programs who are disruptive, exhibits any behavior that intimidates or threatens the camp or school experience of any other camper/student, is destructive to school property or grounds and/or for any other reason deemed reasonable by any of the Programs Directors.

Spring Academy believes that a positive and constructive relationship between the school and the student's parents or guardian is essential to the student's development and the school's goal. Therefore the school reserves the right to cancel this agreement or not to offer re-enrollment if the Center reasonably concludes that the actions of a parent or guardian make such a relationship impossible or seriously interfere with the Center's activities of its educational purposes. The decision of the Center in this regard shall be final.

As Legal guardian, I hereby recognize that the Spring Academy is not responsible for injuries sustained while participating in school activities, therefore, forever release Spring Academy, its agents, administration, and/or employees from any injuries and/or damages, including those incurred during transportation to/from the school, onsite or off-site during activities, in summary, all medical expenses suffered and/or incurred by my child while enrolled in the Spring Academy. Spring Academy could call Emergency Care (9-1-1) on behalf of my child during an emergency but I will bear all associated costs.

By signing below, I hereby agree that the Center may take action that it considers prudent to protect the safety of my child and the other children visiting the premises. I further agree to indemnify, defend and hold the Center (its owners, officers, directors, agents, employees, successors, and assigns) harmless from and against all actions, claims, or liability (including attorney's fees and costs) directly or indirectly caused by my child or resulting from any inaccuracy or omission made by me in completing this Agreement or other information provided to the Center. This waiver of liability is signed voluntarily as to its contents and intent. By signing below, I agree that, to my knowledge, all of the above-stated information is accurate.

- Yes, we have received, read and understand the Spring Academy policy and agree to abide by the Center's policies as so described.

Parent/Guardian signature _____ Date _____

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Camp Policies and Procedure

Camper's name: _____ Birthday ____/____/____

Address _____ Phone# _____

LUNCH AND SNACKS:

SA Westfield students will have a hot lunch program 5 days a week. Lunch fee is \$40/week excluding drinks and desserts. SA Westfield School-aged students could sign up and pay with the vendor directly.

SA Warren: lunch options TBD.

CLOTHING:

Campers should wear appropriate play clothes to the camp. All clothes must be labeled. On water days, a bathing suit and a zip lock bag are needed for that day and should be packed with a towel if they are going in the water. Children should always wear sneakers to the camp and strongly recommended NOT to wear OPEN-TOED SHOES. Please mark your child's name on all his/her belongings. Spring Academy Summer Camp is not responsible for any items lost or broken on the premises or while on trips.

ABSENCES:

Attendance is important at camp. Please be sure to e-mail the camp office by 9:00 am if your child (or children) will be absent. There are no credits or refunds for absences.

LATE PICKUPS:

In case of late pickups later than your assigned pickup time, an additional cost of \$1 per 1 minute will be charged. Please call the camp office if you will be late picking up your child(or children).

DISCIPLINE POLICY:

In keeping the camp's core values, caring, honesty, respect, and responsibility, appropriate behavior is expected from all participants. If behavior becomes unmanageable or is threatening to the well-being of others, the Spring Academy Summer Camp reserves the right to dismiss any participant from the camp.

REGISTRATION:

Registration is taken on a first-come, first-serve basis. The registration fee is **\$50** per child.

Registration fee is NON-REFUNDABLE.

Early Bird Special: Total tuition + fee is due in full to take advantage of the special discount.

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PAYMENT/DEPOSITS/REFUNDS: *for special promotions such as early bird discount, the total (tuition + fees) is due upon registration to take advantage of the special discount rate.

A deposit of \$300 per child is required to process each registration. These deposits are NONREFUNDABLE and NON-TRANSFERABLE. Deposits are applied toward balances due for all weekly fees. 50% of payments are due on **March 1, 2025**. The remaining balance is due before **May 15, 2025**. All payments are non-refundable after **May 15, 2025**. A \$25 late fee will be added to all camp payments after the due date. Campers will not be permitted to attend camp without payment in advance. In a very emergency situation (supported by doctor's notes or other legal documents), you may receive 90% of your camp tuition **ONLY** if Spring Academy received a written request **10 days** before the first day of camp with the camp officer's authorization. Each returned check will be charged a **\$35** processing fee.

CHILD RELEASE AUTHORIZATION FORM:

1. Persons AUTHORIZED to pick up a child from the camp (Parents must be listed below):

Name	Phone	Relationship	Name	Phone	Relationship
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. Persons **NOT** AUTHORIZED to pick up a child from the camp:

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CHILD FIELD TRIP AUTHORIZATION:

I, as father____/Mother____/Guardian____, authorize my child_____ to join the field trips of Spring Academy Summer Camp.

I have read and understand all of the policies set forth by the Spring Academy Summer Camp. I hereby fill up the form with all the truth according to the best of my knowledge. I allow my child(ren) to participate in all aspects of summer camp including walking trips to local parks and other trips. I consent that photographs taken of my child(ren) are the property of the Spring Academy Summer Camp and may be reproduced as the Spring Academy desires, free of any claim on my part.

I also authorize Camp staff to apply sunscreen to my child's exposed skin as needed.

Parent/Guardian Signature_____ Date_____

MEDICAL FORM (for kids below 5 years old)

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UNIVERSAL CHILD HEALTH RECORD

Endorsed by:
American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Abnormalities Noted:									
<table border="1"> <tr> <td>Weight (must be taken within 30 days for WIC)</td> <td></td> </tr> <tr> <td>Height (must be taken within 30 days for WIC)</td> <td></td> </tr> <tr> <td>Head Circumference (if < 2 Years)</td> <td></td> </tr> <tr> <td>Blood Pressure (if ≥ 3 Years)</td> <td></td> </tr> </table>		Weight (must be taken within 30 days for WIC)		Height (must be taken within 30 days for WIC)		Head Circumference (if < 2 Years)		Blood Pressure (if ≥ 3 Years)	
Weight (must be taken within 30 days for WIC)									
Height (must be taken within 30 days for WIC)									
Head Circumference (if < 2 Years)									
Blood Pressure (if ≥ 3 Years)									
IMMUNIZATIONS	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due:								

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

Name of Health Care Provider (Print)

Health Care Provider Stamp

Signature/Date

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SPRING ACADEMY SUMMER CAMPER MEDICAL FORM (for K+ campers)

Parents may complete this form. A doctor's visit is not required

AN IMMUNIZATION RECORD IS REQUIRED

Child's Last Name _____ First Name _____

Camp program (check one) ☐ K – 2nd Grade ☐ 3 – 5th Grade ☐ 7+ Grade

Please print all information. In case of emergency please notify:

Parent/Guardian Contact Information:

Name: _____ Emergency Contact #: _____

Name: _____ Emergency Contact #: _____

Additional Contact Person (in the event parent/guardian cannot be reached):

Name: _____ Emergency Contact #: _____

Doctor's Name: _____ Phone #: _____

Restrictions if any: _____

Will your child be taking medicine at camp? YES _____ NO _____

If yes, name of medications: _____

HISTORY OF PAST/PRESENT DISEASE:

YES	NO		YEAR	YES	NO		YEAR
_____	_____	SERIOUS ILLNESS	_____	_____	_____	HEART	_____
_____	_____	SERIOUS INJURY	_____	_____	_____	STOMACH/BOWEL	_____
_____	_____	DEFORMITY	_____	_____	_____	APENDICITIS	_____
_____	_____	SURGERY	_____	_____	_____	KIDNEY/BLADDER	_____
_____	_____	SKIN/GLANDS	_____	_____	_____	INFECTION	_____
_____	_____	EARS	_____	_____	_____	MENSTRUAL PROB.	_____
_____	_____	EYES	_____	_____	_____	HERNIA RUPTURE	_____
_____	_____	NOSE/SINUS	_____	_____	_____	BACK/LIMB/JOINTS	_____
_____	_____	TEETH	_____	_____	_____	BEHAVIORIAL COND.	_____
_____	_____	THROAT/TONSILS	_____	_____	_____	CHEST/LUNGS	_____
_____	_____	ALLERGIES (SPECIFY) _____					
_____	_____	OTHER (SPECIFY) _____					

AUTHORIZATION

To the best of my knowledge, the Medical History is complete and accurate. I know of no reason to restrict the applicant's activity and give my permission for participation in all activities except as specifically noted herein. If I cannot be reached in an EMERGENCY, I hereby permit the physician selected by the camp director to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for the person named above.

I have read and understand the policies and procedures of Spring Academy Summer Camp.

Parent/Guardian Signature

Date