

# SPRING INTERSESSION CAMP 2019

## Casa Esperanza Montessori Charter School

**REGISTRATION DEADLINE:** MONDAY MARCH 18! LIMITED SPACES!

**WEEK 1: MARCH 25<sup>TH</sup> – 29<sup>TH</sup>**



### **Artistic Creations!**

Explore your range of creativity, as creativity runs wild here at Casa Esperanza! Art week is designed for kids to use their imaginations and creative thought process. Campers will have the opportunity to express themselves through the type of art they love the best.

We'll have jewelry making, origami, painting, tie dying, scripts, talent shows and so much more. Be the first one to display your talents with techniques never seen before.

Who knows, maybe we'll have the very next Picasso just waiting to be discovered!

**WEEK 2: APRIL 1<sup>ST</sup> – 5<sup>TH</sup>**



### **Magnify Your Mind!**

Welcome to the world of amazing experiments, that make you say WOW! Have you ever had the urge to mix a concoction or invent the next big thing? This is your chance. In week 2 you will work with other campers to put your brain to the test. Brick 4 Kids will join us during the week for fun lego's challenges. We will celebrate the end of our Intersession camp with a bouncy house party!

With one-part science and two parts imagination, combined with some systematic knowledge, Casa will turn into a laboratory.



# Spring Intersession 2019

Application Received on _____
Payment Received on _____
Payment Method:
<input type="checkbox"/> CASH
<input type="checkbox"/> CHECK # _____

Please indicate which week(s) your child(ren) will be attending:

☉ Week 1 (March 25<sup>th</sup> – March 29<sup>th</sup>):

5 days

\_\_\_\_\_ 8am-3pm \$160 per child  
\_\_\_\_\_ 8am-6pm \$200 per child

3 days

\_\_\_\_\_ 8am-3pm \$96 per child  
\_\_\_\_\_ 8am-6pm \$120 per child  
 3/25  3/26  3/27  3/28  3/29

Daily Rate

\_\_\_\_\_ 8am-3pm \$40 per child  
\_\_\_\_\_ 8am-6pm \$50 per child  
 3/25  3/26  3/27  3/28  3/29

☉ Week 2 (April 1<sup>st</sup> – 5<sup>th</sup>):

5 days

\_\_\_\_\_ 8am-3pm \$160 per child  
\_\_\_\_\_ 8am-6pm \$200 per child

3 days

\_\_\_\_\_ 8am-3pm \$96 per child  
\_\_\_\_\_ 8am-6pm \$120 per child  
 4/01  4/02  4/03  4/04  4/05

Daily Rate

\_\_\_\_\_ 8am-3pm \$40 per child  
\_\_\_\_\_ 8am-6pm \$50 per child  
 4/01  4/02  4/03  4/04  4/05

<b>Total</b>	<b>\$</b> _____
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## Child Information / Información del niño

(1<sup>st</sup>) Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

(2<sup>nd</sup>) Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

(3<sup>rd</sup>) Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

### Intersession Information:

- ✓ **Sign in & Sign out** will be located in the front lobby.
- ✓ **Please send in a morning & afternoon snack and lunch for your child. Remember to follow Casa guidelines when packing snack and lunch items!**
- ✓ **BASC additional phone number: 919-749-6343**
- ✓ **No uniforms** but please make sure that shoes are safe for outside play. **No flip-flops or crocs** please.

**Emergency Contact and Pick-up Information / Información en caso de Emergencia**

**Parent / Guardian Information – Información sobre el Padre/Guardián**

PRIMARY CONTACT/CONTACTO PRIMARIO:	
PHONE NUMBERS/ NÚMERO DE TELÉFONOS: HOME/CASA: WORK/TRABAJO:	CELL/CELULAR:
E-MAIL ADDRESS(ES)/ DIRECCIÓN DE CORREO ELECTRÓNICO:	
SECONDARY CONTACT/ CONTACTO SECUNDARIO:	
PHONE NUMBERS/ NÚMERO DE TELÉFONOS HOME/CASA: WORK/TRABAJO:	CELL/CELULAR:
ALTERNATE CONTACT/CONTACTO ALTERNATIVO:	
PHONE NUMBERS/ NÚMERO DE TELÉFONOS HOME/CASA: WORK/TRABAJO:	CELL/CELULAR:

**Doctor's Name/Médico:** \_\_\_\_\_ **Phone/Teléfono:** \_\_\_\_\_

**Allergies/Alergias:** \_\_\_\_\_

*Casa Esperanza is not authorized to administer medication of any type without written authorization from your child's physician. If your child may need medication during the school day, please request a "Parent Request and Physician's Order Form" which must be filled out by a physician and returned to the front office. Casa Esperanza no está autorizada para administrar ningún tipo de medicina sin prescripción médica. Si su niño/a necesita algún medicamento durante el transcurso del día escolar, por favor solicite un "Formulario de Prescripción Médica" el cual tiene que ser escrito por un doctor y luego devuélvalo a la oficina de la escuela.*

**Authorization to Pick Up the Child/Autorización Pare Recoger a Su Niño/a**

The following person or persons (and parents) are authorized to pick up my child (please include phone number)/La(s) siguiente(s) persona(s) (y padres) están autorizado(s) para recoger a mi niño/a (por favor incluya el número de teléfono de cada persona):

**NAMES/NOMBRES**

**PHONE NUMBERS/NUMEROS DE TELEFONO**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**I HAVE READ, UNDERSTOOD, AND AGREED TO ALL OF THE ABOVE.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_