SPRING INTERSESSION CAMP 2022

Casa Esperanza Montessori Charter School

REGISTRATION DEADLINE: FRIDAY MARCH 11! LIMITED SPACES!

WEEK 1: MARCH 21st – 25TH

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: MARCH 28TH - APRIL 1ST

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

Questions? Contact BASC Coordinator Cynthia De Amat at: email: cdeamat@cemcs.org /Tel: 919.749.6343

Casa Esperanza Montessori Charter School

SPRING Intersession Registration 2022

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

Week 1 (March 21st – 25th):

Weekly Rate

_____ 8am-3pm $175 per child
_____ 8am-6pm $250 per child

Daily Rate

_____ 8am-3pm $40 per child
_____ 8am-6pm $60 per child

☐03/21 ☐03/22 ☐03/23 ☐03/24 ☐ 03/25

Week 2 (March 28th – April 1st):

Weekly Rate

_____ 8am-3pm $175 per child
_____ 8am-6pm $250 per child

Daily Rate

_____ 8am-3pm $40 per child
_____ 8am-6pm $60 per child

☐03/28 ☐03/29 ☐03/30 ☐03/31 ☐04/01

- ✓ A non-refundable registration fee of **$25** per child is due at ***Registration time*** to secure your space.
- ✓ The registration fee applies to your camp tuition. Last day to register is ***Friday March 11th.***
- ✓ Remaining balance is due **Friday March 18th**
- ✓ We offer 10% sibling discount.

Total	$_____

Child's Information / *Información del nino*

1st **Child's name: _____ Age: _____ Grade: _____**

2nd **Child's name: _____ Age: _____ Grade: _____**

3rd **Child's name: _____ Age: _____ Grade: _____**

Permission to Photograph

____ I give permission for my child to be photographed for CEMCS'S website/ social media

____ I do not give permission for my child to be photographed for CEMCS'S website/social media

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!
- ✓ **No uniforms,** but please make sure that shoes are safe for outside play. **No flip-flops or crocs** please.
- ✓ You will be responsible for all late pick up fees.
  Students who remain beyond their registered time will be charged $1 per minute.
- ✓ All checks made payable to CEMCS to be turned into the Front office
  (Attention: BASC Coordinator -Cynthia De Amat)
- ✓ BASC direct phone number: **919-749-6344**

Questions? Contact BASC Coordinator Cynthia De Amat at: email: cdeamat@cemcs.org /Tel: 919.749.6343

PARENT /GUARDIAN INFORMATION – INFORMACION SOBRE EL PADRE/ GUARDIAN

PRIMARY CONTACT/CONTACTO PRIMARIO: _____ Relationship: _____

Phone number: Home/Casa _____ Work/Trabajo _____ Cell/Celular: _____

Email Address: _____

SECONDAY CONTACT/ CONTACTO SECUNDARIO: _____ Relationship: _____

Phone number: Home/Casa _____ Work/Trabajo _____ Cell/Celular: _____

Email Address: _____

ALTERNATE CONTACT/ CONTACTO ALTERNATIVO: _____ Telephone Number: _____

MEDICAL INFORMATION

HEALTH CONCERNS, ALLERGIES, MEDICAL NEEDS

_____

_____

Doctor's Name/Médico: _____ Phone/Teléfono: _____

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/ AUTORIZACION PARA RECOGER A SU NINO/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/NOMBRE **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: _____