

Willow Tree Montessori
Summer Camp Enrollment

Please complete the form below with a non-refundable 10% deposit. Remaining balance due one week prior to child's first week of camp.

Child's Name: _____ Birthdate: _____

Parents Name (s): _____

Address: _____

Phone number (s): _____

My child has _____ has not _____ attended any other summer camp program.

My child will attend:

_____ #1 - \$250.00 Gardening

_____ #2 - \$225.00 Insects, Mantis, Frog, Pollinators

_____ #3 - \$250.00 Building Shelters

_____ #4 - \$250.00 Nature's Art

_____ #5 - \$250.00 Outdoor Cooking

_____ All 5 Weeks - \$1,102.50

Total Amount _____ owed for chosen weeks.

10% Deposit _____ to be returned with form.

Parents Signature _____ **Date** _____

Upon receipt of this form and 10% deposit, a mailing for camp will be sent to you. The mailing will include:

Health Form

Emergency Card

Dismissal Card

Invoice for balance due

Please submit all documents no later than one (1) week prior to your child's first day at camp. No child will be allowed to attend camp without ALL fulfilled requirements.