

ONE REGISTRATION FORM PER STUDENT

# Renaissance Super Summer Camps 2011



Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Paid \_\_\_\_\_

\*Registration must include complete payment for your child's first week of camp and additional camps may be paid with this registration two weeks prior to the start of each camp. Students who will attend every camp all summer may pay the same tuition during June and July at the beginning of each month that they paid during the academic 10-month school year. Students who will not attend every week during the summer may select the camps of their choice and register based on the weekly tuition fee for each camp. Registration fee of \$35 for each individual camp selected should be attached to this form. Registration fee will be deducted from the tuition.

**Announcing early bird special! Enroll now and save.**  
**5% off total camp tuition fees if you register before May 1st**  
**Send registration forms and fees to Renaissance Montessori School, 9994 Zig Zag Road, Cincinnati, Ohio 45242.**

Renaissance Montessori School summer hours are 7:30 a.m. – 5:30 p.m., weekly. Parents have a choice of three daily schedules:

- (A) 7:30 a.m. – 5:30 p.m. - \$220 per week (Campers bring their lunch)
- (B) 9:00 a.m. – 4:00 p.m. - \$170 per week (Campers bring their lunch)
- (C) 9:00 a.m. – 1:00 p.m. - \$140 per week (Campers bring their lunch)

**Select Camps of Your Choice: Session/ Class Options (A,B, or C)/Dates  
(check sessions if attending)**

Session #1 June 6-10 _____	Session #2 June 13-17 _____	Session #3 June 20-24 _____	Session#4 June 27-July1 _____	Session #5 July 5-9 _____
Session #6 July 11-15 _____	Session #7 July 18-22 _____	Session #8 July 25-29 _____	Session #9 Aug.1-5 _____	Childcare Only Aug.8-12

Parents Signature: \_\_\_\_\_

## Registration Form for 2011 Camps

Last Name:
Mom's Name: Dad's Name:
E-mail Address:
Child's Name Male/Female? Birth Date
Home Address:
(please include zip code)
Home Phone Number:
Mom's Work Phone Number:
Dad's Work Phone Number:
Mom's Cell Phone Number:
Dad's Cell Phone Number:
How did you find out about our program?
Emergency Contact Person (other than parent)
Name:
Relation:
Address: Phone Number:
Permission is granted to meet the needs of my child in case of emergency.
Allergies or other important medical information:
(parent signature)

Age and Grade for campers \_\_\_\_\_