

MAIL TO: 6050 SW 57th Ave.

Miami, FL 33143

PHONE: (305) 665-6274

FAX: (305) 665-7726

ALL REQUESTED INFORMATION IS IMPORTANT.

PLEASE USE BLUE OR BLACK INK.

PLEASE NOTIFY US IMMEDIATELY IF ANY INFORMATION CHANGES.



Summer Toddler Session - 2010

PRESCHOOL CAMP:

6050 SW 57th Ave.

TODDLERS & PRESCHOOL CAMP:

14400 Old Cutler Road

TODDLERS & PRESCHOOL CAMP:

17800 Old Cutler Road

ELEMENTARY CAMP:

14850 SW 67th Ave.

This class is reserved for students who are pre-enrolled for the next school year. The Toddler Experience is a special preparation for entrance to the Montessori Children's House. Continuity of curriculum is important to the development of your child's "Habits of Success."

Toddler's Information

Name: _____ Birth Date: _____ Sex: _____ Grade in Fall: _____

Home/Mailing Address: _____ City: _____ State: _____ Zip: _____ Shirt Size: _____

Home Ph.: () _____ Is your child toilet trained? Y N In diapers

Father's Information

Name: _____ Hm. Ph.: () _____ Bus. Ph.: () _____

Cell Ph.: () _____ Employer: _____ Driver's Lic. #: _____

E-mail Address: _____

Mother's Information

Name: _____ Hm. Ph.: () _____ Bus. Ph.: () _____

Cell Ph.: () _____ Employer: _____ Driver's Lic. #: _____

E-mail Address: _____

Person Responsible for Payment

Name: _____ Hm. Ph.: () _____ Bus. Ph.: () _____

Cell Ph.: () _____ Employer: _____

Billing Address: _____

How Did You Find Alexander Camp?

- Referred by someone Internet search Telephone directory Saw ad in publication (periodical, newspaper, etc.)
 Received mailer Previously attended Camp Drove by Received E-mail notification
 My child is an Alexander student

Emergency/Medical Information

A copy of your child's current health certificate, ***dated no earlier than May of the present year***, is required of all campers who did not attend Alexander this school year. Please obtain a copy of this form from your child's current school or pediatrician. ***Your child will not be admitted to Alexander Camp without this certificate.***

EMERGENCY CONTACT #1

Name: _____ Hm. Ph.: () _____ Bus. Ph.: () _____

Cell Ph.: () _____ Relation to Camper: _____

EMERGENCY CONTACT #2

Name: _____ Hm. Ph.: () _____ Bus. Ph.: () _____

Cell Ph.: () _____ Relation to Camper: _____

DOCTOR'S INFORMATION:

Name: _____ Phone: () _____

LIST ALL CONDITIONS, PHYSICAL OR BEHAVIORAL, AS WELL AS ANY ALLERGIES, DISABILITIES, DIETARY RESTRICTIONS, OR MEDICATIONS:

LIST ALL AUTHORIZED INDIVIDUALS, OTHER THAN PARENTS, TO PICK UP CHILD(REN) (I.D. MUST BE PROVIDED TO RELEASE CHILD.):

I/We give Alexander Camp permission to administer First Aid to my child(ren). I/We give Alexander Camp permission to use my child(ren)'s likeness or photo that may appear in school and/or public publications, TV, or electronic media. Toddlers do not swim. At lunch, we serve milk at no charge. Half- and Full-Day Toddlers bring lunch daily.

ALEXANDER TODDLER SUMMER SESSION SCHEDULE – 2010

Hours are from 9:00 AM to 3:30 PM at Old Cutler Road and 8:45 AM to 3:15 PM at Palmetto Bay. Early Arrival is free as of 8:00 AM.
See payment options below.

Week 1 June 21-25	Week 2 June 28-July 2	Week 3 July 5-9	Week 4 July 12-16	Week 5 July 19-23	Week 6 July 26-30	Week 7 August 2-6	Week 8 August 9-13
-----------------------------	---------------------------------	---------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	------------------------------

Available Programs

Please select any starting date. There is a minimum registration of 2 consecutive weeks. We advise that 6 to 8 weeks are usually required for NEW Toddlers to become comfortable with the program. New Toddlers will be phased in gradually. Further information will be provided upon enrollment

Toddler Half-Day Programs	\$195 per week	Minimum 1½ yrs. old	8:45 AM to 11:45 AM (PB)/9:00 AM to 12:00 PM (OCR) or 12:15 PM to 3:15 PM (PB)/12:30 PM to 3:30 PM (OCR)
	Circle desired weeks.		
AM Toddler Session	Weeks 1 2 3 4 5 6 7 8		
PM Toddler Session	Weeks 1 2 3 4 5 6 7 8		

Toddler Full-Day Program	\$260 per week	Minimum 1½ yrs. old	8:45 AM to 3:15 PM (PB)/9:00 AM to 3:30 PM (OCR)
	Circle desired weeks.		
Full-Day Toddler Session	Weeks 1 2 3 4 5 6 7 8		

Early Arrival	No charge	From 8:00 AM	Circle desired weeks.
	Weeks 1 2 3 4 5 6 7 8		

Extended Day Because it would be such a long day away from home, we do not offer Extended Day for Toddlers. Toddlers must be picked up by 3:30 PM.

Payment Options, Discounts, Due Dates, and Signatures

- A. Minimum Initial Payment Due with Application:** \$150 Tuition Deposit
- B. Discounts:** *Applicable only to Camp tuition and not to Fun Week or additional services.*
 - (1) 5% discount if all charges are paid in full by April 23rd
 - (2) 5% discount for each additional natural or adopted child (applied before any other payment discounts)
- C. Payment Due Dates:** Charges for Weeks 1-4 are due by May 24th. Charges for Weeks 5-8 are due by June 21st.
- D. No refunds will be given for absences for any reason.** Cancellation of services must be in writing and sent to our Red Rd. Office by mail or fax 2 weeks before the last day of scheduled attendance. A cancellation fee of 30% of any unused tuition will be assessed.
- E. I/We agree** all unpaid fees and tuition are immediately due and payable and I/we agree to pay interest on all balances with the Camp at the rate of one-and-one-half percent (1.5%) per month until paid. I/We waive notice and agree to pay all costs of collection including reasonable attorney's fees whether suit be brought or not. I/We knowingly and intelligently waive the right to trial by jury. I/We agree that venue and jurisdiction for any litigation relating to this document and/or agreement shall be in Miami-Dade County, Florida. If collection due to fault occurs, I/We agree that I/We shall be liable for all costs of collection, including filing fees and attorney's fees. In the event of default, interest shall accrue on any balance at the highest legal rate.

Father/Guardian _____ **Date** _____ **Mother/Guardian** _____ **Date** _____

Charges must be paid by applicable due date or reservation will be cancelled. Patrons are responsible for all charges for services rendered or reserved. For your convenience, our Accounting Department can calculate your total fees. Feel free to call at (305) 665-6274.

Amount enclosed with Application: \$ _____ Payment Method: [] Cash [] Check #: _____ [] Credit Card (fill out authorization below)

Credit Card #: _____ Exp. Date: _____

Security V-Code (3 digits for MC, VISA, & Discover; 4 digits for AMEX): _____ [] VISA [] MasterCard [] Discover [] AMEX

Balance will be charged when payment is due.

Name as it appears on credit card _____ Signature: _____ Date: _____

Check one: [] **Tuition Deposit** OR [] **Payment in Full with Applicable Discount**