

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.



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.

Camper's Information

Name: _____ Birth Date: _____ Sex: _____ Grade in Fall: _____
Home/Mailing Address: _____ City: _____ State: _____ Zip: _____ Shirt Size: _____
Home Ph.: () _____ Cell Ph.: () _____

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.***):

DOES YOUR CHILD SWIM? [] Y [] N

I/We give Alexander Camp permission to administer First Aid to my child(ren). I/We give permission for the Camper(s) to take prescribed medicine at Camp. Medicine must be kept and managed at Camp Office unless prescription requires it to be kept with Camper. Medicine must be handed to bus driver or Counselor only, and never carried to Camp by child. Please include a signed, dated note with the medicine describing its purpose and all other pertinent information. 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. I/We give Alexander Camp permission to bus my child(ren) to the Elementary Campus for swimming and waive prior notice of the dates and times such groups may be scheduled.

SIGN UP FOR ANY COMBINATION OF WEEKS!

Fun Weeks and/or Camp weeks need not be consecutive. Design a program to fit your vacation and other summer plans. Start any time; end any time. Example: Start Week 2 and attend Weeks 4, 7, and 8. Exceptions are Montessori and Toddler programs. Please understand that for preschoolers, younger children, and for Elementary Camp programs requiring instruction (especially swimming, dance, and drama), we advise consecutive weeks to create continuity for the Camper.

Alexander Summer Camp Schedule – 2011

Hours are from 9:00 AM to 3:30 PM. Early Arrival is free as of 8:00 AM. Free shuttle bus runs between our Red Road and south Campuses. See payment options below.

Week 1 June 20-24	Week 2 June 27-July 1	Week 3 July 4-8	Week 4 July 11-15	Week 5 July 18-22	Week 6 July 25-29	Week 7 August 1-5	Week 8 August 8-12
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Fun Weeks – For the time between school and Camp. Fun Week Application must be accompanied by full payment. No registration fee required. Shuttle service is available during Fun Weeks from Red Road to Ludlam Road in the AM and Ludlam Road to Red Road in the PM only.

Pre-Camp Fun Week (June 13 - 17): \$205 **Shuttle Service:** ___AM ___PM **Extended Day** (3:30 PM – 6:00 PM): \$40
Post-Camp Fun Week (August 15 - 19): \$205 **Shuttle Service:** ___AM ___PM **Extended Day** (3:30 PM – 6:00 PM): \$40

Available Programs

Montessori classes are AM only. There is a minimum registration of 4 consecutive weeks for Montessori classes.

Preschool Half-Day Programs	\$195 per week	Ages 3-6	9:00 AM to 12:00 PM	Circle desired weeks.
AM Preschool Camp	Weeks	1 2 3 4 5 6 7 8	AM Montessori Classes	Weeks 1 2 3 4 5 6 7 8
Preschool Full-Day Programs	\$240 per week	Ages 3-6	9:00 AM to 3:30 PM	Circle desired weeks.
Full-Day Preschool Camp	Weeks	1 2 3 4 5 6 7 8	AM Montessori & PM Camp	Weeks 1 2 3 4 5 6 7 8
Elementary Programs	\$250 per week	Grades 1-6	9:00 AM to 3:30 PM	Circle desired weeks.
All-Around Camp	Weeks	1 2 3 4 5 6 7 8	Sports Track	Weeks 1 2 3 4 5 6 7 8
Academic Labs (remedial or accelerated)	\$55 per week for Campers/\$75 per week for non-Campers (times arranged individually)			Circle desired weeks.
Reading Lab	Weeks	1 2 3 4 5 6 7 8	Math Lab	Weeks 1 2 3 4 5 6 7 8
			Spanish Lab	Weeks 1 2 3 4 5 6 7 8
Early Arrival	No charge		From 8:00 AM	Circle desired weeks.
	RR OCR LR PB (Circle campus.)			Weeks 1 2 3 4 5 6 7 8
Extended Day	\$40 per week or \$9 per day on an occasional basis		4:00 to 6:00 PM, any portion	Circle desired weeks.
	RR LR (Circle campus.)			Weeks 1 2 3 4 5 6 7 8
Shuttle Bus	No charge	One-way/Round Trip	AM, Noon, or PM	Circle desired weeks and routes.
Desired Routes:	AM	From	[RR OCR LR PB] to [RR OCR LR PB]	
	Noon	From	[RR PB] to [OCR]	
	PM	From	[OCR LR] to [RR LR]	
				Weeks 1 2 3 4 5 6 7 8

Payment Options, Discounts, Due Dates, and Signatures

- A. Minimum Initial Payment Due with Application:** One week of tuition
- 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 22nd
 - (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 23rd. Charges for Weeks 5-8 are due by June 20th.
- 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 e-mail (school@alexandermontessori.com), 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