

2017 ALEXANDER CAMP APPLICATION



CAMPER'S INFORMATION

Name:	Birth Date:	Sex:	Grade in Fall:
Home/Mailing Address:	City:	State:	Zip:
Home Ph.:	Cell Ph.:	SHIRT SIZE:	

PARENT #1 INFORMATION

Name:	Hm. Ph.:	Bus. Ph.:
Cell Ph.:	Employer:	Driver's Lic. #:
E-mail Address:		

PARENT #2 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 Received E-mail notification Drove by
 Received mailer Previously attended Camp Saw ad in publication (periodical, newspaper, etc.) My child is an Alexander student

EMERGENCY/MEDICAL INFORMATION

A copy of your child's current health certificate 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:
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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.

Mail to: 6050 SW 57th Ave., Miami, FL 33143
Phone: (305) 665-6274 **Fax:** (305) 665-7726

All requested information is important. 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.

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 – 2017

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	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
June 19- June 23	June 26- June 30	July 3- July 7	July 10- July 14	July 17- July 21	July 24- July 28	July 31- August 4	August 7- August 11

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 12-June 16): \$225
 Post-Camp Fun Week (August 14-August 18): \$225
- Shuttle Service:** AM PM
Shuttle Service: AM PM
- Extended Day (3:30 PM – 6:00 PM): \$45
 Extended Day (3:30 PM – 6:00 PM): \$45

AVAILABLE PROGRAMS

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

PRESCHOOL HALF-DAY PROGRAMS AM Preschool Camp	\$210 per week Weeks 1 2 3 4 5 6 7 8	Ages 3-6	9:00 AM to 12:00 PM AM Montessori Classes	Circle desired weeks. Weeks 1 2 3 4 5 6 7 8
PRESCHOOL FULL-DAY PROGRAMS Full-Day Preschool Camp	\$265 per week Weeks 1 2 3 4 5 6 7 8	Ages 3-6	9:00 AM to 3:30 PM AM Montessori & PM Camp	Circle desired weeks. Weeks 1 2 3 4 5 6 7 8
ELEMENTARY PROGRAM All-Around Camp	\$285 per week Weeks 1 2 3 4 5 6 7 8	Grades 1-6	9:00 AM to 3:30 PM Sports Track	Circle desired weeks. Weeks 1 2 3 4 5 6 7 8
ACADEMIC LABS (remedial or accelerated) Reading Lab	\$70 per week for Campers/\$90 per week for non-Campers Weeks 1 2 3 4 5 6 7 8		Circle desired weeks. Spanish Lab	(times arranged individually) Weeks 1 2 3 4 5 6 7 8
EARLY ARRIVAL	No charge RR OCR LR PB (Circle campus.)	From 8:00 AM		Circle desired weeks. Weeks 1 2 3 4 5 6 7 8
EXTENDED DAY	\$45 per week or \$10 per day on an occasional basis RR LR (Circle campus.)		4:00 PM to 6:00 PM, any portion	Circle desired weeks. Weeks 1 2 3 4 5 6 7 8
SHUTTLE BUS Desired Routes:	No charge AM Noon PM	One-way/Round Trip From [RR OCR LR PB] to [RR OCR LR PB] From [RR] to [OCR] From [OCR LR] to [RR LR]	AM, Noon, or PM	Circle desired weeks and routes. 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 21st
 - (2) 5% discount for each additional natural or adopted child (applied before any other payment discounts)
- C. Payment Due Dates:** Charges for all weeks are due by May 22nd.
- 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.

Parent #1/Guardian _____ Date _____

Parent #2/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.

CHECK ONE: TUITION DEPOSIT OR PAYMENT IN FULL WITH APPLICABLE DISCOUNT

Payment Method: Credit Card Credit Card #: _____ Check Check #: _____

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

Amount enclosed with Application: \$ _____ Balance will be charged when payment is due.

Name as it appears on credit card: _____

Signature: _____ Date: _____