

## 2020 Summer Camp

\*Summer Tuition is PRE-PAY. You must have paid before your child can attend.

\*Monthly prices reflect the two weeks off and two holidays. The first week in June is off and the last week of August is off.

\*Monthly tuition is due the 1st.

Weekly tuition only available for ages 3-9, is due the Friday before the next week.

Tuition Amounts:

Ages 1-3	Monthly	Ages 3-10	Monthly	Weekly
2 - 1/2 Days	\$225	2 - 1/2 Days - T&TH (Full Day TH) (-35/10 if not TH)	\$235	\$65
3 - 1/2 Days	\$335	3 - 1/2 Days - M,W, & F	\$255	\$75
4 - 1/2 Days	\$445	4 - 1/2 Days (Full Day TH)	\$375	\$90
5 - 1/2 Days	\$555	5 - 1/2 Days (Full Day TH)	\$390	\$105
2 - Full Days	\$400	2 - Full Days - T&TH (-30/10 if not TH)	\$330	\$95
3 - Full Days	\$600	3 - Full Days - M,W, & F	\$465	\$125
4 - Full Days	\$750	4 - Full Days	\$590	\$165
5 - Full Days	\$900	5 - Full Days	\$715	\$195

\$10 field trip /full day charge for Thursday added or schedule switched (ie 3 days changed to M,T,TH instead of MWF).

**We are offering a 5% discount when pre paying for the entire summer.**

**We are also offering a 5% discount when paying by cash.**

To enroll in the summer program, you need to fill out all 3 pages of this packet. You will need to tally your summer camp total and pay a 10% deposit (5% for existing OJMS customers). This is due upon enrollment to reserve your child's dates. This deposit will be applied to your FINAL bill.

This agreement is entered into by and between Our Journey School LLC., and the parent(s) or guardian(s) whose signature(s) appear below. The parties hereto accept the following terms and conditions governing the child's enrollment at the school.

**Application:** I hereby apply for (student's full name): \_\_\_\_\_, date of birth (month, day, year) \_\_\_\_\_ to be enrolled in Our Journey School's summer program. If for any reason I withdraw from this enrollment contract, before the summer session begins, I understand my deposit will be forfeited. No withdrawal after May 1st.

**Summer Contract:** I understand and agree that I am signing a contract. I agree to pay tuition for the entire summer session, for which I signed up, regardless of the student's absence, withdrawal, suspension or expulsion. The Montessori classroom is prepared to accommodate your child and his /her space is reserved. The school cannot give credit for missed days due to vacation, illness or any other reason. **Initials** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Parent or legal guardian who is financially responsible for the child)

# Our Journey Montessori Summer School Enrollment Form

**June 8 — August 21, 2020**

Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female  
 Address: \_\_\_\_\_  
 Parent's Name (s): \_\_\_\_\_  
 Telephone (h): \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-mail (s): \_\_\_\_\_

<b>Summer Camp</b>	<b>Schedule Times</b>
Full Day	8:30 a.m. - 3:30 p.m.
Half Day	8:30 a.m. - 12:00 p.m.

**\*\*All activities are covered by the weekly and monthly price. Half Day students over 3 years of age, will need to stay full day Thursday, for field trips\*\***

**All tuition needs to be prepaid.**

**Weekly sign up** is available; please call the office by 1:00 p.m. on Friday to sign up for the following week. Must be paid in advance.

**After Care**      3:30 p.m.-6:00 p.m.      \$10/day

Days Attending	\$ Tuition		Workshop
June 1 – June 5	-	Week 1	Classic Montessori (Park)
June 8 – June 12	-	Week 2	Bugs (Bug Hunt)
June 15 - June 19	-	Week 3	Farm Animals (Farm Country)
June 22 - June 26	-	Week 4	Discovery (Museum of Natural Curiosity)
June 29 – July 3	-	Week 5	America (No Field Trip)
July 6- July 10	-	Week 6	Space Adventure (Planetarium)
July 13 - July 17	-	Week 7	Sea Life (The Living Planet Aquarium)
July 20- July 23*	-	Week 8	Utah (Wheeler Farm)
July 27 - July 31	-	Week 9	The Great Outdoors (Silver Creek Hike)
Aug. 3 – Aug 7	-	Week 10	Young Chefs (Tour Krispy Crème)
Aug. 10 - Aug. 14	-	Week 11	Dinosaurs (Museum of Ancient Life)
Aug. 17 - Aug. 21	-	Week 12	Summer Fun (Classic Fun Center)
<b>Total Due</b>	<div style="border: 2px solid black; width: 100px; height: 20px; display: inline-block;"></div>		

\*Note: Closed July 4<sup>th</sup> and 24<sup>th</sup>.

**To hold your spot please send enrollment form and 10% (5% for current OJMS families) by May 1st.**

Amount Paid for Deposit	Date:	Ch#
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## **Field Trip Authorization and Release**

I \_\_\_\_\_ (name) am the parent or legal guardian of \_\_\_\_\_.  
I authorize and direct "Our Journey School LLC", (Our Journey shall hereinafter refer to Our Journey School, its agents, directors and employees) to transport my child on field trips. I also hereby grant permission for parent volunteers to transport my child on field trips and for my child to participate in field trips. Students enrolled in Our Journey School routinely take field trips. During these field trips, students may be required to walk or be transported in Our Journey or parent volunteer vehicles. Our Journey School strives to offer a safe and educational experience for your child. Our Journey School will not be liable for any incidents or accidents occurring during transportation or participation in a field trip. I hereby WAIVER, RELEASE AND DISCHARGE ANY AND ALL CLAIMS against Our Journey School for damages, for death, personal injury or property damage I or any child may suffer as a result of being transported by a parent volunteer or Our Journey School or participation in a field trip.

Each and every waiver and release contained herein, I make on behalf of myself, my child and any other parent or guardian of my child. By these waivers and releases, I intend to give up my right, my child's right and the right of any other parent or guardian of my child to assert or maintain any claim or suit against Our Journey School for the activities or occurrences described. I believe and represent that I HAVE LEGAL AUTHORITY TO MAKE THE WAIVERS AND RELEASES CONTAINED HEREIN and I agree to indemnify and hold harmless Our Journey School for any liability of any kind arising out of any lack of authority on my part to make such waivers and releases.

I HAVE READ, UNDERSTAND AND AGREE WITH THE TERMS AND CONDITIONS ABOVE.

Signatures \_\_\_\_\_ Date \_\_\_\_\_

## **Emergency Medical Authorization and Release**

I, \_\_\_\_\_ (names), am the parent or legal guardian of \_\_\_\_\_.  
I understand and acknowledge that my child may require first aid and/or emergency medical care for illness or injury occurring at Our Journey School LLC, (Our Journey School shall hereinafter refer to Our Journey School, its agents, directors and employees), or on field trips conducted by Our Journey School. If my child should be or appear to be injured, I hereby authorize Our Journey School to render such first aid to my child as appears reasonably necessary under the circumstances; and to take such actions as appear reasonable, necessary, or in the best interest of my child and other children. Our Journey School may transport my child to the doctor named herein or to a hospital or emergency center which Our Journey School may, in its sole discretion, determine to be appropriate under the circumstances. I further confer upon Our Journey School requisite authority to act in my place and stead in authorizing medical care found necessary or advisable by a health care professional. In the event my child should suffer an emergency requiring professional medical services, Our Journey School will use reasonable efforts to notify me as soon as possible but will not delay authorization of needed medical treatment. In the event that Our Journey School is required to accept financial responsibility to obtain medical care for my child, I hereby unconditionally guarantee prompt and full payment for all medical services rendered. I further agree to reimburse, indemnify and hold harmless Our Journey School for all medical costs and expenses incurred on behalf of my child and all other sums of any kind related to such medical expenses.

I hereby WAIVER, RELEASE AND DISCHARGE ANY AND ALL CLAIMS against Our Journey School for damages for death or personal injury my child may suffer as a result of (1) efforts by Our Journey School to render first aid; or transport my child to or from a doctor, hospital or emergency room; (2) handling, diagnosis, treatment or care of my child by a doctor, hospital, emergency center, or emergency transport provider; and (3) failure to render or seek first aid or medical care. Each and every waiver and release contained herein, I make on behalf of myself, my child and any other parent or guardian of my child. By these waivers and releases, I intend to give up my right, my child's right and the right of any other parent or guardian of my child to assert or maintain any claim or suit against Our Journey School for the activities or occurrences described. I believe and represent that I HAVE LEGAL AUTHORITY TO MAKE THE WAIVERS AND RELEASES CONTAINED HEREIN and I agree to indemnify and hold harmless Our Journey School for any liability of any kind arising out of any lack of authority on my part to make such waivers and releases. I have read, understand and agree with the terms and conditions above.

Signatures(both) \_\_\_\_\_ Date \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternate Contact in Case of Emergency \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Medical Conditions / Allergies \_\_\_\_\_

Medical or Health Insurance Policy Carrier \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_