



Camp Discovery 2017

- *All Montessori camp classes and activities will be instructed by Discovery School teachers.
- *Primary campers will focus on all areas of a primary class in the morning and end with fun camp activities which will incorporate science, sports, art, and math.
- *Elementary campers will be in a morning Reader/Writer's Workshop that will be centered on enhancing literacy, comprehension, and writing skills. They will also have an afternoon filled with fun activities that will incorporate science, sports, art, and math.



Session 1 - June 5, 2017 through June 16, 2017
 Session II - June 19, 2017 through June 30, 2017

CAMP FEES

Campers (3yrs to 12 yrs)
 2 1/2 yrs approval required

| | Session I | Session II- |
|-------------------------------|-----------|-------------|
| Half Day Campers (8:30-12:00) | \$300 | \$300 |
| Full Day Campers(8:30-4:00) | \$400 | \$400 |

Registration fee (nonrefundable): \$40 per child
 After Camp (4:00 pm to 5:00 pm): \$50 per session per child

WE WILL PROVIDE SNACKS / PARENTS PROVIDE LUNCH

If you have any questions, you can contact The Discovery School at 956-381-1117 or email your questions to discoveryschool@thediscoveryschool.net

The Discovery School, 1711 W. Alberta Rd., Edinburg, Texas 78539



CAMP DISCOVERY 2017

REGISTRATION FORM

New Camper _____ Return Camper _____ D.O.B.: _____

Camper Name: _____ Male _____ Female _____

Parent/Guardian Name: _____

Address: _____

Phone: Primary: _____ Alternate 1: _____ Alternate 2: _____

Email: _____

Emergency Contacts & Pick Up Authorization (Person to contact **in case parent cannot be reached.**)

| Name | Relationship | Phone | TX DL |
|------|--------------|-------|-------|
|------|--------------|-------|-------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Camp Session Enrolled: Session 1: _____ Session 2: _____

After Camp: Yes: ___ No: ___ \$ _____

Total Cost: _____ Payment Method: _____

***Discovery Camp returned check policy states that all checks returned marked "NSF" will be charged a \$35 fee**

CAMP DISCOVERY 2017

REGISTRATION FORM CONTINUED

The following information must be completed and returned with registration. Please print clearly.

RELEASE OF LIABILITY for (Camper's Name) _____

I, the minor's parent and/or guardian, understand the nature of the activity and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless the Upper Valley Montessori Society, Inc. d/b/a the Discovery School and/or Camp Discovery (the "releases") each from all liability for claims, demands, losses, or damages to the minor caused or alleged to be caused, in whole or in part, by the negligence of the "releases" or otherwise, and further agrees that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releases I will indemnify, save, and hold harmless each of the "releases" from any litigation expenses, attorney fees, loss liability, damage or cost that may incur as the result of any such claim.

Signature of Parent/Legal Guardian

Date

PHOTOGRAPH AND VIDEO RELEASE:

This child may be photographed, filmed, or videotaped for publication, marketing or social media for The Discovery School Camp. Yes: _____ No: _____

Signature of Parent/Legal Guardian

Date

WATER ACTIVITIES:

I hereby give my consent for my child to participate in Water Activities such as:
sprinkler play, splash wading pools, and water tables.

Signature of Parent/Legal Guardian

Date

MEDICAL RELEASE (attached separate sheet if necessary):

1. Allergies (to drugs, foods, insect bites, etc.): _____

2. List medications and reasons for taking: _____

3. Behaviors of which staff should be advised: _____

4. How do you handle this behavior? _____

I give my permission for the supervising staff to obtain medical treatment in an emergency situation for my child in the event I cannot be reached. Yes: _____ No: _____

Signature of Parent/Legal Guardian

Date