

2021 ALEXANDER CAMP REGISTRATION

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

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.



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!

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 – 2021

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

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

AVAILABLE PROGRAMS

There is a minimum registration of 4 consecutive weeks for Montessori classes (6 weeks for Preschool students not already attending a Montessori school). Must be enrolled in Alexander Montessori School's 2020-2021 or 2021-2022 School Year in order to be eligible for Preschool Programs.

PRESCHOOL HALF-DAY PROGRAM AM Montessori Classes	\$215 per week	Ages 3-6 9:00 AM to 12:00 PM	Circle desired weeks. Weeks 1 2 3 4 5 6 7 8
PRESCHOOL FULL-DAY PROGRAM Full-Day Montessori	\$280 per week	Ages 3-6 9:00 AM to 3:30 PM	Circle desired weeks. Weeks 1 2 3 4 5 6 7 8
ELEMENTARY HALF-DAY PROGRAM AM Elementary Montessori	\$920 per four-week session Enrollment minimum: 4	Grades 1-6 Maximum group size: 10 9:00 AM to 12:00 PM	Circle desired session. Session A (Weeks 1-4) Session B (Weeks 5-8)
ELEMENTARY FULL-DAY PROGRAM AM Elementary Montessori/PM Camp	\$1200 per four-week session	Grades 1-6 9:00 AM to 3:30 PM	Circle desired session. Session A (Weeks 1-4) Session B (Weeks 5-8)
FD Elementary Camp	\$300 per week		Circle desired weeks. Weeks 1 2 3 4 5 6 7 8
EARLY ARRIVAL	No charge	From 8:30 AM RR OCR LR PB (Circle Campus)	Circle desired weeks. Weeks 1 2 3 4 5 6 7 8
SHUTTLE BUS	No charge Desired Routes:	One-way/Round Trip, AM, or PM AM PM	Circle desired weeks and routes. From [RR] to [OCR LR PB] From [OCR LR PB] to [RR] 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 (or session) 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 16th (2) 5% discount for each additional sibling (applied **before** any other payment discounts)

C. Payment Due Dates: Charges for all weeks are due by May 17th.

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: _____

