

# Montessori Children's House of Lenawee Summer Camp June 17th-August 16th



Ages 13 months-2.5 years

5 Half Days 8:30-11:30 am

3 Full Days 8:30 am -3:30 pm

5 Full Days 8:30 am - 3:30 pm

*\*Before & After Camp Care Available\**  
7:30-8:30 am and 3:30-5:30 pm

Snacks provided, Lunch is sent daily by parent  
We are offering nine, 1 week sessions

3 Full Days: Tuesday, Wednesday, Thursday -\$105

5 Half Days: Monday through Friday -\$75

5 Full Days: Monday through Friday - \$140

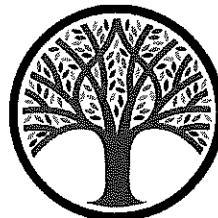
Before & After Camp Care- \$20.00 per week

*\$50.00 Registration Fee (Campers that enroll 4 weeks or more)*

MCHL's Summer Camp is a theme-based program that provides an enriching classroom environment and opportunities for developmentally appropriate experiences and activities. Our themes and peaceful, hands-on environments focus on independence, creativity and friendship.

For more information about our  
Summer Camp Programs:

517-417-4624  
[www.mch-lenawee.org](http://www.mch-lenawee.org)



Montessori  
Children's  
House *of Lenawee*

# Summer Camp Supply List

Ages 13 months-2.5 years

Please bring the following items for your child's locker. Label each item with your child's name.

1. Backpack or tote bag
2. Lunch box with ice pack (full day campers only)
3. A complete change of clothes
4. Bathing suit, towel, water shoes (will be sent home daily to be laundered)
5. Hair brush/comb (if needed)
6. Sunscreen
7. Diapers & wipes (if needed)
8. Fitted crib sheet, small blanket & pillow (resting and napping children)
9. Two (4x6) photos of your child



# Montessori Children's House of Lenawee

## 2019 TODDLER SUMMER CAMP REGISTRATION FORM

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER:  M  F

BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ (CAMPER MUST BE AT LEAST 13 MONTHS BY HIS/HER CAMP STARTING DATE TO BE ELIGIBLE)

ADDRESS: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT(S) EMAIL: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ \* I give my permission to MCHL Camp Staff to apply sunscreen to my

child as needed from June 17-August 16. Parent Signature: \_\_\_\_\_

**TO REGISTER:**

1. Check the boxes below with the corresponding weeks and days your child will attend.
2. Complete Registration form and return it with \$50.00 (this fee does not apply to campers who enroll for 3 weeks or less) to the Montessori Children's House of Lenawee office by June 7th, 2019.
3. Cost: Full days- T,W,TH = \$105.00 per week; Full days- Monday through Friday = \$140.00 per week; Half days- Monday through Friday = \$75.00 per week
4. Before & After Camp Care: \$20.00 per week for unlimited usage or \$10.00 DROP IN FEE

Currently enrolled families will be billed through FACTS  
New Families: Payment is due on last day your child attends for the week

Young Artists	Insects	Happy Birthday, America!	Makers	Foodie
<input type="checkbox"/> WEEK 1	<input type="checkbox"/> WEEK 2	<input type="checkbox"/> WEEK 3*	<input type="checkbox"/> WEEK 4	<input type="checkbox"/> WEEK 5
<b>June 17-21</b>	<b>June 24-28</b>	<b>July 1-3</b>	<b>July 8-12</b>	<b>July 15-19</b>
<input type="checkbox"/> T W TH	<input type="checkbox"/> T W TH	<input type="checkbox"/> M T W	<input type="checkbox"/> T W TH	<input type="checkbox"/> T W TH
<input type="checkbox"/> MTWThF	<input type="checkbox"/> MTWThF	ONLY	<input type="checkbox"/> MTWThF	<input type="checkbox"/> MTWThF

**\*No Camp on July 4th and 5th**

Planet Earth	Community Kindness	Sensory	Little Fish	<b>Balance Due:</b>
<input type="checkbox"/> WEEK 6	<input type="checkbox"/> WEEK 7	<input type="checkbox"/> WEEK 8	<input type="checkbox"/> WEEK 9	Registration \$50
<b>July 22-26</b>	<b>July 29- Aug 2</b>	<b>August 5-9</b>	<b>August 12-16</b>	5FD \$140 x ___ weeks
<input type="checkbox"/> T W TH	<input type="checkbox"/> T W TH	<input type="checkbox"/> T W TH	<input type="checkbox"/> T W TH	5HD \$75 x ___ weeks
<input type="checkbox"/> MTWThF	<input type="checkbox"/> MTWThF	<input type="checkbox"/> MTWThF	<input type="checkbox"/> MTWThF	3FD \$105 x ___ weeks
				Before/After camp charges: \$20x ___ weeks
				= \$ _____

Montessori Children's House of Lenawee 1008 W. Maple Ave. Adrian, MI 49221  
P:(517)417-4624 Email: klambka@mch-lenawee.org or cwilson@mch-lenawee.org