

Miami Country Day School Summer Camp 2010 Application

1. Please read all choices before making your selection.
2. Check the appropriate boxes below.
3. A \$50.00 **non-refundable processing fee** is required for each child registered. This amount will be applied to your balance.
4. **Full payment must be made on or before Friday, April 30, 2010 to receive a *\$50.00 discount for Camp.**
5. **Camp fees are due May 28, 2010**
6. **Camp will be closed on Monday, July 5, 2010**
7. Complete the registration information on the reverse side of this form.
8. Camp orientation on Thursday, June 17, 2010 at 10:00 am in the cafeteria.
9. Ages: Children 4 yrs. old before August 1st through children entering 4th grade.

<i>Summer Camp Only</i>	<i>Camp Fee</i>	<i>Discount if Paid By *April 30</i>
June 21 - July 30, 2010 (Six Weeks)	<input type="checkbox"/> \$1,550.00	<input type="checkbox"/> \$1,500.00
Session I (June 21 – July 9, 2010)	<input type="checkbox"/> \$ 900.00	<input type="checkbox"/> \$ 850.00
Session II (July 12 – July 30, 2010)	<input type="checkbox"/> \$ 900.00	<input type="checkbox"/> \$ 850.00

Day Care

Morning and Afternoon Day Care	<input type="checkbox"/> \$ 500.00 (Six Weeks)
Early Drop-Off (7:30 a.m.)	<input type="checkbox"/> \$ 250.00 (Six Weeks)
Late Pick-Up (5:30 p.m.)	<input type="checkbox"/> \$ 250.00 (Six Weeks)

Combination Camp & Summer Studies Program (Grades SK – 4)

<i>Session I (Three Weeks) June 21 – July 9, 2010</i>	<i>Camp & Course</i>	<i>Discount if Paid By *April 30</i>
1 Course /1 Hour Daily & Camp: 1. _____	<input type="checkbox"/> \$1,230.00	<input type="checkbox"/> \$1,180.00
2 Courses/1 Hour Each Daily & Camp 1. _____	<input type="checkbox"/> \$1,530.00	<input type="checkbox"/> \$1,480.00
2. _____		
3 Courses/1Hour Each Daily & Camp: 1. _____	<input type="checkbox"/> \$1,800.00	<input type="checkbox"/> \$1,750.00
2. _____		
3. _____		

<i>Session II (Three Weeks) July 12 – July 30, 2010</i>	<i>Camp & Course</i>	<i>Discount if Paid By * April 30</i>
1 Course /1 Hour Daily & Camp: 1. _____	<input type="checkbox"/> \$1,230.00	<input type="checkbox"/> \$1,180.00
2 Courses/1 Hour Each Daily & Camp 1. _____	<input type="checkbox"/> \$1,530.00	<input type="checkbox"/> \$1,480.00
2. _____		
3 Courses/1Hour Each Daily & Camp: 1. _____	<input type="checkbox"/> \$1,800.00	<input type="checkbox"/> \$1,750.00
2. _____		
3. _____		

No Refunds will be granted after May 28, 2010, except for insufficient enrollment

For more information about MCDS' Summer Programs, please call 305-759-2843 xt-200
 Miami Country Day School © 601 NE 107 Street © PO Box 380608 © Miami, Florida 33238-0608
 Access registration forms at www.miamicountryday.org
 Summer Camp Pre-Registration 305-759-2843 xt-200 © after 6/20/2010 Call 305-779-7242
 Summer Studies 305-779-7229 © Fax 305-779-7345

Admission is open to all students regardless of race, color, religion, sex disability, citizenship, creed or national origin who possess the motivation, ability and character which would enable them to succeed in our school community.

Returning Camper _____
or
New Camper _____

*Miami Country Day School
Summer Camp 2010 Application*

Date _____
Check _____
Amt. _____
Initial _____

Child's Last Name _____ First Name _____

Gender _____ Date of Birth _____ Age _____

Home Address _____ City/Zip _____

Child lives with (check one): Mother _____ Father _____ Both _____

Primary Parent _____ Phone/Type (Cell, Business, Home) _____

2nd Household Parent (if applicable) _____ Phone/Type (Cell, Business, Home) _____

Name of School Child is Attending 08/10 _____ Grade Entering August 2010 _____

Family Physician _____ Doctor's Phone # _____

Person to Contact in Case of Emergency _____ Relationship to Camper _____ Phone # _____

Please list below any medical problems, surgical background, allergies or medications taken by your child:

T-Shirt Size: Child: 6-8 10-12 14-16 Adult: Small Medium Large

If possible, my child would like to be grouped with: _____

Medical Authorization

I, _____, give my permission to authorize emergency medical
(Parent Signature)
treatment for my child if needed.

(Please see reverse side for program selections, dates, and fee schedules.)