



# Summer 2008

## Elementary II For Ages 9 – 13 (Grades 4 – 7 in the Fall)

The Brickton Montessori School Summer Camp for boys and girls ages 9 to 13 is summer at its best – discovering the world around them during class time and having plenty of fun in the great outdoors.

The Elementary Summer Camp is jam-packed with activities that will stimulate and enrich your child. Every week brings something new, from finding a hidden treasure in the Discover Chicago program to swimming lessons, group field trips and special interest courses. Students will expand their horizons and engage in lots of activities with both peers and adults through physical education, organized games, arts and crafts and picnics. The swimming portion of the program features small group lessons at a nearby hotel pool, followed by a free swim.

This summer features the popular “Choice-o-rama,” a component of the afternoon program, in which children are offered a continuously changing selection of special interest activities. This means that every Monday and Wednesday, the children can decide how they would like to spend their afternoon. Every two-week session features new topics and opportunities.

All children must bring their own lunches. Milk service is optional. Brickton Montessori School is a nut-free school. For the safety of students, no nuts of any kind are allowed. Brickton T-shirts must be worn on all field trips, including walks around the neighborhood. T-shirts may be purchased for \$10.

### STAFF

Brickton Montessori School is proud to have some of the most highly-regarded educators in the Montessori community. They are a deeply committed and caring staff who encourage students to do their best, expand their horizons and have a ton of fun at the same time. A high ratio of staff to campers is maintained at all times, and a staff member trained as a lifeguard always accompanies the group to the pool.

### DATES

Wednesday, June 11 – Friday, August 15, 2008 (Closed July 4)

### HOURS

All Day: 6:45 a.m. – 6:00 p.m.\*

Core Program: 8:30 a.m. – 3:00 p.m.\*

\*Priority Placement if enrolled for Fall 2008



8622 W. Catalpa  
Chicago, IL 60656  
tel. 773 714 0646  
fax 773 714 9361  
www.brickton.org





## Elementary II For Ages 9 – 13

### Registration

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Present Health Status (allergies, meds., etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(A Completed Health Form must be on file before your child starts school.)

Name of Child's doctor \_\_\_\_\_

Doctor's phone \_\_\_\_\_

List child's serious illnesses or accidents \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

#### What hours will your child attend?

Core Program (8:15 a.m. – 3:00 p.m.)

Full Day (6:45 a.m. – 6:00 p.m.)

#### Which weeks?

Full Summer Camp Program

#### Or, by the Session:

Session 1 (June 11 – June 20, 8 days)

Session 2 (June 23 – July 3, 9 days) Closed July 4

Session 3 (July 7 – July 18, 10 days)

Session 4 (July 21 – August 1, 10 days)

Session 5 (August 4 – August 15, 10 days)

I give permission for my child to appear in pictures for publicity purposes.

In the event of a serious illness or accident, I give my permission for school personnel to administer emergency first aid and to contact the Chicago Fire Department Paramedics. I give permission for treatment of my child at the nearest hospital and agree to be responsible for the cost of any such medical treatment.

#### Parent's Signature \_\_\_\_\_

Brickton Montessori School is a nut-free school. For the safety of students, no nuts of any kind are allowed.

#### CONSENT

Having full confidence that every reasonable precaution will be taken to ensure the safety and well-being of my child during summer camp (held between the hours of 6:45 a.m. – 6:00 p.m., from June 11 through August 15, 2008), I agree to my child's participation and waive all claims against all the employees and officers of Brickton Montessori School and the O'Hare Marriott Hotel.

#### Parent's Signature \_\_\_\_\_

#### Date \_\_\_\_\_

My child has permission to go on all school sponsored field trips. I understand transportation may be by van, bus, parent/faculty driver or on foot.

#### Parent's Signature \_\_\_\_\_

#### Date \_\_\_\_\_

#### T-SHIRTS

Brickton T-shirts are available for \$10. If you wish to purchase a T-shirt, please indicate size below:

Size 6-8

Adult Medium

Size 10-12

Adult Large

Size 14-16

#### MILK

Milk service is available for \$25 for the summer or \$2.50 per week. If you wish to purchase milk service, please indicate below.

Milk:    Y            N



## Elementary II For Ages 9 – 13

### Registration

Parent/Guardian's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Are both parents authorized to pick up your child?

Yes  No Marital Status \_\_\_\_\_

If divorced, who is the custodial parent?

\_\_\_\_\_

(Please attach a copy of the divorce decree.)

List others we may contact in case of emergency (other than parents):

Name \_\_\_\_\_

Day Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_

Day Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_

Day Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Persons authorized to pick up your child (other than parents):

Name \_\_\_\_\_

Day Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_

Day Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_

Day Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_