



Little Star Montessori School

5-13 Year Old Camps

July 8th - August 14th, 2008

Tuesday, Wednesday, Thursday

Child's Name _____ Birth Date _____

Address _____ City _____ Zip _____

Parent Name _____ Day Phone _____ Evening Phone _____

Parent Name _____ Day Phone _____ Evening Phone _____

Local Emergency Contact _____ Phone _____

Allergies _____ Physician & phone _____

***** SPACE IS LIMITED REGISTER EARLY*****

Please check the camps you want to attend and return with full payment to Little Star

- | | | |
|---|-------------------------------------|------------|
| <input type="checkbox"/> Moccasin Lake Riding 5-8year olds / 9am-1pm | \$150.00 | June 24-26 |
| <input type="checkbox"/> Baseball 11-13 year olds / 9am-2pm | \$125.00 | July 8-10 |
| <input type="checkbox"/> Archery 6-7 year olds / 9am-2pm | \$105.00 | July 8-10 |
| | <input type="checkbox"/> \$30 (bow) | |
| <input type="checkbox"/> Survivor! 8-10 year olds / 9am-2pm | \$125.00 | July 8-10 |
| <input type="checkbox"/> Archery 8-10 year olds / 3 days & 2 nights | \$205.00 | July 15-17 |
| | <input type="checkbox"/> \$30 (bow) | |
| <input type="checkbox"/> Geology Rocks! 11-13 year olds / 9am-2pm | \$125.00 | July 15-17 |
| <input type="checkbox"/> Native Plant Identification 7-10 year olds / 9am-2pm | \$125.00 | July 22-24 |
| <input type="checkbox"/> Archery 11-13 year olds / 2 nights 3 days | \$205.00 | July 22-24 |
| | <input type="checkbox"/> \$30 (bow) | |
| <input type="checkbox"/> Yoga 7-9 year olds / 9am-2pm | \$125.00 | July 29-31 |
| <input type="checkbox"/> Hooked On Fly Fishing 11-13 year olds / 9am-2pm | \$225.00 | Aug 5-7 |
| <input type="checkbox"/> Survivor! 11-13 year olds / 3 days & 1 night | \$175.00 | Aug 12-14 |

TOTAL # OF CAMPS _____

TOTAL PAYEMENT _____

Please select your camps carefully. If you withdraw your child from a camp, your registration fee will not be reimbursed unless we are able to fill your spot. In addition, if you decide to change camps, you will be charged a \$10 change fee. Thank you.

Please read and sign CONSENT AND RELEASE OF LIABILITY

I, the undersigned parent/guardian of this applicant, a minor, do hereby authorize the camp directors and/or instructors as Agents for the undersigned to consent to medical, surgical or dental examination, treatments, etc. In addition, I hereby release and discharge Little Star School from any and all claims for personal injuries. I agree that pictures taken during camp hours may be used for future promotional purposes.

Signature _____ Date _____

Mail registration form and fee to: Little Star Montessori School
PO Box 608 / 509 Highway 20
Winthrop, WA 98862

Make checks payable to: Little Star Montessori School
For more information please call: 509-996-2801 ask for Nicole or Trudi

For office use only
Date received: _____
Payment: _____
Release signed: _____