



Camp Pegnita

At Villa di Maria Montessori School

1280 Simmons Ave.
Kirkwood, MO 63122
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2010 ENROLLMENT APPLICATION

Both pages must be completed

Child's Name _____ Gender _____
Date of Birth _____ Age as of June 1, 2010 _____ Phone _____
Home Address _____ City _____
State _____ Zip _____ Parent's Names _____
Parent's E-mail _____

Has your child attended Camp Pegnita before? Y N

A \$30.00 NON-REFUNDABLE, NON-TRANSFERRABLE APPLICATION FEE MUST BE SUBMITTED WITH THIS FORM. A COPY OF YOUR CHILD'S IMMUNIZATION RECORD IS ALSO REQUIRED, WHICH MAY BE FAXED TO US.

PLEASE CHOOSE ONE OF THE FOLLOWING PROGRAMS:

Camp Pegnita (ages 5-12, 9am-3:30pm) Counselor in Training (ages 13-15, 9am-3:30pm, session II only)

PLEASE CHOOSE AN ATTENDANCE OPTION

Weekly Daily on the following days: Mon Tue Wed Thu Fri

PLEASE SELECT THE WEEKS YOUR CHILD WILL ATTEND

	<u>Week 1</u>	<u>Week 2</u>	<u>Week 3</u>
Session I – June 7 – June 25	<input type="checkbox"/> 6/7-6/11	<input type="checkbox"/> 6/14-6/18	<input type="checkbox"/> 6/21-6/25
Session II – June 28 – July 16	<input type="checkbox"/> 6/28-7/2	<input type="checkbox"/> 7/6-7/9*	<input type="checkbox"/> 7/12-7/16
Session III – July 19 – August 6	<input type="checkbox"/> 7/19-7/23	<input type="checkbox"/> 7/26-7/30	<input type="checkbox"/> 8/2-8/6

* Closed for Independence Day Holiday on Monday, July 5th

EXTENDED CARE OPTIONS

Early Arrival (drop off between 7:30-8:30am) Late Stay (pick up between 4:00-5:30pm)

T-SHIRT SIZE

Child Small Child Medium Child Large
 Adult Medium Adult Large Adult X-Large

*Children enrolled in Camp Pegnita by April 1st receive a free t-shirt. After April 1st, if you order a t-shirt for your child, you will be billed \$10 per shirt.

PLEASE PROVIDE DAYTIME PHONE NUMBERS FOR THE CAMPER'S PARENTS, A PHYSICIANS PHONE NUMBER, AND AT LEAST TWO OTHER CONTACTS IN CASE OF AN EMERGENCY

Name	Relationship to Camper	Phone Number

INSURANCE INFORMATION

Health/accident insurance company _____
 Subscriber _____ Policy # _____

HEALTH HISTORY

Does your child have any health issues, for example allergic reactions, asthma, frequent stomach upsets, etc?

 Please list any medications your child currently takes: _____
 Does your child have any developmental, behavioral, or social needs that will require special attention? _____

 I give permission for my child to receive children's Tylenol. Y N (*parent will be notified if given*)

PRICES AND POLICIES

- Enrollment Fee:** \$30.00 per child
- Camp Pagnita:** Daily: \$55 Weekly: \$185 All summer discount: \$1565*
**Must be paid in full on or before June 7, 2010 to receive discount*
- Counselor in Training:** Weekly: \$185
**If C.I.T.s complete all assignments and attend all three weeks of the program, they may be invited to attend a fourth week during session III at no additional charge.*
- Early Arrival & Late Stay:** Mornings: \$6 Afternoons: \$9 Unlimited: \$50*
**Unlimited option must be pre-paid for the week on Monday of that week, otherwise you will be billed the individual rates at the end of the week.*
Late stay ends promptly at 5:30pm; there is a penalty charge of \$7 per 5 minutes per child after 5:30pm.
- Sibling Discount:** There is a sibling discount of \$25 per sibling on the weekly rates only.

-Changes to your child's reservation will be accepted until April 30, 2010 and must be submitted in writing. **After April 30, you will be responsible to pay for all weeks/days reserved.**

-Payment is due on the first day each week that your child attends. Accounts with a past due balance will be charged a late fee of \$25 per month each month until paid in full.

I agree to comply with all stated terms and conditions on this application. Also, my signature below authorizes my child to participate in all camp activities, including the supervised swim program, permits the camp to use photos of my child for publicity, and authorizes the director to remove my child from camp in case of unacceptable behavior or conduct. I give permission for Camp Pagnita to arrange for my child's emergency medical care in the event that I or the contacts I have listed cannot be reached, and agree to pay all expenses involved in such an emergency situation.

SIGNATURE OF PARENT OR GUARDIAN: _____ **DATE:** _____