



## Summer Program

Needham Montessori School is excited to offer a summer program to current and new students. Come join us for nature exploration, water play, sports, games, science, art and music. Weekly sessions begin on **Tuesday, June 23, 2025 and run through August 22, 2025**. Weeks are organized by themes. It's a fantastic opportunity for your child to make new friends, enjoy the outdoors, develop skills, discover new interests, and have fun being a kid.

The program offers full-day and extended day availability.

### COST AND REGISTRATION

#### **Infant**

Full Day  
8:00 am- 3:00pm  
\$564.60/week

Extended Day  
8:00am-5:00pm  
\$683.10/week

#### **Toddler**

Full Day  
8:00 am-3:00 pm  
\$505.20/week

Extended Day  
8:00 am – 5:00 pm  
\$620.07/week

#### **Preschool**

Full Day  
8:00 am-3:00 pm  
\$437.84/week

Extended Day  
8:00 am – 5:00 pm  
\$561.96/week

**Registration is based on weekly enrollment and there is no reimbursement for missed days. **\*\*The Third week will be prorated due to the holidays.****

## Program Schedule

### Weeks and Themes

- **One: (June 23<sup>rd</sup> – June 27<sup>th</sup>)**  
*Farmyard Fun*
- **Two: (June 30<sup>th</sup> – July 3<sup>rd</sup>) \*School closed July 4<sup>th</sup> Holiday**  
*Red, White and Blue*
- **Three: (July 7<sup>th</sup> – July 11<sup>th</sup>)**  
*By The Seaside*
- **Four: (July 14<sup>th</sup> – July 18<sup>th</sup>)**  
*Reptiles and Insects*
- **Five: (July 21<sup>st</sup> – July 25<sup>th</sup>)**  
*Dinosaurs and Friends*
- **Six: (July 28<sup>th</sup> – August 1<sup>st</sup>)**  
*Movement and Music*
- **Seven: August 4<sup>th</sup> – August 8<sup>th</sup>)**  
*Community Helpers*
- **Eight: (August 11<sup>th</sup> – August 15<sup>th</sup>)**  
*All Around the World*
- **Nine: (August 18<sup>th</sup> – August 22<sup>nd</sup>)**  
*Tropical*

## Needham Montessori School Summer Camp Registration Form 2024

Camp Permission Form for \_\_\_\_\_  
(Child's full name)

I give permission for \_\_\_\_\_ to take part in Summer Camp at Needham Montessori School. The child, to the best of my knowledge, is in good physical condition. I understand that the activities associated with camp have an inherent risk factor, and that all appropriate precautions will be taken for the safety of my child. I give permission to the Summer Camp staff and volunteers and/or hospital staff to administer proper medical assistance to the above-named participant. I agree not to hold the Needham Montessori School or any of their agents responsible in the event of injury to my child.

Parent / Guardian Signature: \_\_\_\_\_

Parent / Guardian (please print) \_\_\_\_\_

Date \_\_\_\_\_

**Program Enrollment** for ages 4 weeks to 12 years old. Monday to Friday. *Please indicate the weeks your child will attend.*

- One (June 23<sup>rd</sup> - June 27<sup>th</sup>)
- Two (June 30<sup>th</sup> - July 3<sup>rd</sup>)
- Three (July 7<sup>th</sup> - July 11<sup>th</sup>)
- Four (July 14<sup>th</sup> - July 18<sup>th</sup>)
- Five (July 21<sup>st</sup> - July 25<sup>th</sup>)
- Six (July 28<sup>th</sup> - August 1<sup>st</sup>)
- Seven (August 4<sup>th</sup> - August 8<sup>th</sup>)
- Eight (August 11<sup>th</sup> - August 15<sup>th</sup>)
- Nine (August 18<sup>th</sup> - August 22<sup>nd</sup>)

- Full Day
  - Extended Day

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male /Female (Circle) \_\_\_\_\_ Age: \_\_\_\_\_

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

\_\_\_\_\_

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

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Parent / Guardian name

Parent / Guardian name

\_\_\_\_\_

\_\_\_\_\_

Address

Address

\_\_\_\_\_

\_\_\_\_\_

Home Phone

Home Phone

\_\_\_\_\_

\_\_\_\_\_

Business Phone

Business Phone

\_\_\_\_\_

\_\_\_\_\_

Mobile Phone

Mobile Phone

\_\_\_\_\_

\_\_\_\_\_

Email Address

Email Address

\_\_\_\_\_

\_\_\_\_\_

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**Emergency Contact**

Name

Name

\_\_\_\_\_

\_\_\_\_\_

Phone

Phone

\_\_\_\_\_

\_\_\_\_\_

Relationship to Child

Relationship to Child

**Allergies**

*Please list all known allergies*

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**Health Concerns and Medication**

*Please provide information about any health concerns and a list of medications that are prescribed for your child*

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**Parent/Guardian Signature**

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**Date**