

MBMA

Summer Program

Presents



Time Travelers

Primary

Entering Kindergarten & 1st Grade

June 27 – August 12, 2022

2640 Soderblom Ave.
San Diego, CA 92122
858-457-5895

www.mbmacademy.com
cjewell@mbmacademy.com

Time Travelers

Discover!

This summer, MBMA's primary students will discover the beauty and wonder of the world through the passage of time. Stepping back in history, our students will experience geography, animal life, culture, music, art history, new inventions, and beyond.

Experience!

Our primary summer program includes our traditional Montessori morning program focusing on language arts and math with fun-filled afternoons focused on our theme. Each week, students celebrate a time period and cohesive group activities while enjoying a specific time period. Beginning with the prehistoric dinosaur period, we move through the time of the Egyptians, knights, pirates, inventions, and more! Our primary students will be sure to hone their mathematics and language arts skills while enjoying a trip back in time!

FAQ

What do I send with my child each day?

- Lunch Boxes – Please label and keep the size to a minimum. Send a cloth placemat and utensils each day. We suggest a cold pack in the lunchbox.
- Snacks – Please provide your child with an extra fruit or vegetable for his/her morning snack. If your child will be staying past 3:30 p.m., please pack an additional afternoon snack.
- Water Bottle – Please provide a water bottle. Be sure to label with child's name.
- Sun Protection – Our playground is sunny. We encourage hats and UV protection to be applied before school.
- Closed toed shoes – no flip-flops.

What Hours is School Open?

Tuition covers 8:00 a.m. to 4:00 p.m.

Class time is 9:00 a.m. to 3:00 p.m.

School is open 8:00 a.m. to 6:00 p.m.

When should I arrive?

We open the gate at 8:00 a.m. and class time begins at 9:00 a.m. Please arrive early enough to allow your child time for social connection prior to our **9:00 a.m. start**.

What do I do when I arrive?

Please arrive via the front steps, parking on our side of the street. Sign your child in on the computers in the office. Children will be received at the gate where they will have their temperature logged before proceeding to their classroom or the playground.

How do I sign my child in?

Children must be signed in and out daily on the computer in the office. Each person dropping and picking children up regularly should have their own registration code on the computer. Please contact our office personnel for assistance with setting up your codes.

What time should I pick up my child?

Camp is over at 3:00 p.m. 3:00 – 4:00 p.m. is included in your tuition and is a nice time to allow your child free play with their classmates while supervised by our aftercare staff.

What if we need to adjust our scheduled attendance?

Changes and additions can be made up to the Monday prior to your start date. There will be a \$25 fee if you are processing a schedule change after May 15th.

What if someone that is not on our list is picking up my child?

In the event that a person other than those listed as a pick-up person will be getting your child, the office must be notified. They should check in at the front window of the office with identification and the office staff will assist with collecting the child. Without prior notification, the child will not be released to anyone not listed, at which time the parents will be contacted.

What if I need extended care?

Tuition covers 8:00 a.m. – 4:00 p.m. If you need care outside of this time frame, mark it on your enrollment form. Extended care will be paid ahead with tuition. \$25 daily rate of \$75 weekly rate. Unplanned care is \$30 per day and must be paid prior to picking up your child.

Do you offer a lunch program?

Lunch is available for purchase from **Ki's Natural Lunches** at www.kis.naturallunches.com.
Ki's reserved the right to discontinue this service if the volume of orders is too low to be cost effective for their organization.

What if my child needs medication while at camp?

All medication needs to be signed in on the Medicine Log and deposited through the front office. Medications need to be brought in by the individual dose and labeled clearly. Please notify your child's teacher if you have brought medicine into the office that day. **DO NOT STORE MEDICINE IN CHILD'S LUNCHBOX OR BACKPACK.**

What does a typical day look like?

Mornings focus on our Montessori approach to language arts and math offering students the opportunity to hone their skills.

Summer camp afternoons are spent focusing on this year's theme of a "Time Travelers" with the additional pull-out classes (Art and P.E.) Theme activities will be created by the teachers and a \$20 fee/2-week session is collected for supplies.

8:00 – 9:00	Daycare / Playground
9:00 – 9:15	Circle
9:15 – 10:00	Montessori Work Time
10:00 – 10:15	Snack Break
10:15 – 11:30	Montessori Work Time
11:30 – 12:00	Lunch
12:00 – 1:00	Playground
1:00 – 3:00	Unit of Study / Enrichment
3:00 – 4:00	Playground
4:00 – 6:00	Extended Care

MBMA PRIMARY 2022 Summer Camp Enrollment

Child's Name _____

DOB _____

Select your session		Theme of the Week	Extended Care
			\$25/Day or \$75/Week (Circle Days Needed)
<input type="checkbox"/>	Session 1		
	June 27 – July 1	Dinosaur Adventures	M T W Th F
	July 5 – July 8 (closed July 4)	Pyramids, Egyptians & More	M T W Th F
<input type="checkbox"/>	Session 2		
	July 11 – 15	A Trip to Ancient Greece	M T W Th F
	July 18 – 22	Kings, Queens & Castles	M T W Th F
<input type="checkbox"/>	Session 3		
	July 25 - 29	Setting Sail to Discover New Lands	M T W Th F
	August 1 - 5	Inventions that Changed the World	M T W Th F
<input type="checkbox"/>	Session 4		
	August 8 – 12	Space & Beyond	M T W Th F

Camp Day: 8:00 a.m. – 4:00 p.m. • Class Time: 9:00 a.m. – 3:00 p.m. • Extended Care 4:00 – 6:00 p.m.

RATES:

TUITION:

When paid in full by May 15th

\$790 – per session (1, 2, 3)

\$395 – session 4

When paid after May 15th

\$810 – per session (1, 2, 3)

\$405 – session 4

REGISTRATION Fee - \$50

Waived for the first 100 to register by 4/15

EXTENDED CARE FEES:

For coverage 4:00 – 6:00 p.m.

Paid in advance with tuition

Day - \$25 Week - \$75

\$30 per day when not paid in advance

ADDITIONAL FEES:

SUPPLY FEE – CASH ONLY

• Sessions 1, 2, & 3: **\$20 / session**

• Session 4 **\$10**

Registration Fee, Tuition, and Cash Supply Fees are due at the time of enrollment.

All payments are non-refundable/non-transferable.

Enrollment Incentives:

- **ENROLL AND PAY BY APRIL 15th:** Registration Fee waived (first 100) and pay lower weekly rate.
- **ENROLL AND PAY BY MAY 15th:** Pay lower weekly rate.

Payment Policy:

- AFTER May 15th: Registration **MUST** be submitted by the Monday prior to the session attending.
- Tuition can **ONLY** be applied to a different session of summer school. Adjustments of sessions will result in a \$25 processing charge.
- Registration fee & tuition are non-refundable/non-transferable.
- Summer payments cannot be applied to fall tuition.
- Checks made payable to MBMA. We accept Debit & Credit Cards: Visa & MasterCard only. \$40 fee for NSF.
- There will be **NO REFUNDS.**

MBMA reserves the right to terminate this agreement if a) The program does not meet the needs of the child, b) Individuals do not follow school policies, c) Lack of parent's cooperation, d) Financial obligations are not met.

Required to Enroll:

- Summer Camp Registration (with signed waivers on the reverse side)
- Summer Camp Enrollment (with signature below)
- Registration Fee (Waived for the first 100 by April 15th)
- Payment for selected sessions.
- CASH Supply Fee (\$20/2-week session, \$10 for session 4)

I understand and accept the payment terms as listed above

Parent Signature

Date

Office Use Only:

Date Received _____

Payment _____

Pmt Method _____

Cash Received _____

MBMA

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858-457-5895

Summer Camp Registration

Child's Information

Date received: _____

Child's Name				
Birthdate	School	Grade	Age	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Home Address				
City/State/Zip		Home Phone		
Mother/Parent/Guardian		Cell Phone		
email		Work Phone		
Father/Parent/Guardian		Cell Phone		
email		Work Phone		
Child Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____				
Child's Primary Language <input type="checkbox"/> English <input type="checkbox"/> Other _____				

Child Release Authorization/Emergency Contact Information

Persons authorized to pick up child from our facility:

Name	Relationship	Phone	Emergency Y/N
1.			
2.			
3.			

HEALTH HISTORY

Is the child currently taking medication? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Medications administered during camp require a completed MEDICATION RELEASE FORM					
List any conditions requiring special consideration, accommodations or restrictions while at camp:					
List and past medical treatment that may affect participation in camp:					
List any activities from which the camper should be exempted for health reasons:					
ALLERGIES/DIETARY RESTRICTIONS (Check all that apply)			CONDITIONS REQUIRING CONSIDERATION (Check all the apply)		
<input type="checkbox"/> Peanuts	<input type="checkbox"/> Gluten	<input type="checkbox"/> Egg	<input type="checkbox"/> ADHD	<input type="checkbox"/> Asthma	<input type="checkbox"/> Seizures
<input type="checkbox"/> Insect Sting	<input type="checkbox"/> Dairy	<input type="checkbox"/> Other _____	<input type="checkbox"/> Wears Glasses	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

CHILD MEDICAL INFORMATION

Name of Health Insurance Company	Policy Number
Physician's Name	Dentist's Name
Physician's phone number	Dentist's phone number

ALL NEW CHILDREN MUST SUBMIT A COPY OF UPDATED IMMUNIZATIONS

ALL CHILDREN MUST BE IMMUNIZED OR HAVE A SIGNED MEDICAL WAIVER

MISSION BAY MONTESSORI ACADEMY

Name of Minor _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent/guardian, I hereby give consent to *MISSION BAY MONTESSORI ACADEMY* to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.), osteopath (D.O.) or dentist (D.D.S.) for the above named child. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the above named child.

Child has: NO allergies to medication

Allergies to the following medication(s) _____

Parent/Guardian Signature _____ Date _____

PHOTOGRAPHY PERMISSION FORM

I, _____, as parent/guardian of the above named child, give my permission to *MISSION BAY MONTESSORI ACADEMY* to photograph my child and/or use my child's photo image to be posted within the school, used in publications and/or company websites for marketing and/or public relations purposes and/or on MBMA social media pages (Facebook & Instagram).

Parent/Guardian Signature _____ Date _____

Are you NEW to MBMA this summer?

If so, please share the name of the kind person who referred you to our program.
