MONTESSORI ACADEMY
6 WEEK BILINGUAL SUMMER CAMP

!VAMOS AMIGOS!
June 3 - July 12, 9am-2pm

Join the adventure! This camp combines creative opportunities for learning with fun experiences. While forming new friendships, children will have ample time for play, personal growth and free exploration. A portion of the day will be allotted for exploration of Montessori materials. Bilingual instruction 50/50.

Campers will experience a new theme every week! Each week will include creative art projects, cooking and baking activities, gardening, and active games.

Children will have a lot of fun playing games and bathing in the sun and water in our beautiful, natural playground.

Bilingual Instruction!
Our bilingual staff will make learning Spanish a fun experience!

Conversational Spanish, vocabulary, Montessori lessons, games songs and more!

Creative arts & crafts projects

Academic Enrichment

3- & 5-day options

MONTESSORI ACADEMY OF GLEN ELLYN
927 North Main Street
Glen Ellyn, Illinois 60137
630-469-4727
grow@mymage.org
Camp Hours 9am – 2pm

**Fee Schedule**

3 days - $150  
5 days - $250

10% discount for each additional child.

A non-refundable $25 deposit for each week and each child is due by March 22 to ensure registration. The total remaining balance is due by May 10. If cancellations are made by May 17, 50% of total cost will be refunded. **No refunds given after May 31.**

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<th>DATE</th>
<th>3 DAY M-W</th>
<th>5 DAY M-F</th>
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**No camp on Thursday, July 4 and Friday July 5. Fees for that week will be 3 days - $150**

Child’s Last Name     First Name     M/F  Birthday   Age
1.____________________  ______________________  ___  ____________  ___
2.____________________  ______________________  ___  ____________  ___
3.____________________  ______________________  ___  ____________  ___

Allergies or medical conditions: _____________________________________________________________

Parent/Guardian Names: ____________________________________________________________

Email: ___________________________  Cell phone: _____________________________

Emergency Contact (Name & Phone): ____________________________________________

Name and phone number of persons (other than parents) authorized to pick up my child/ren:
_____________________________________________________________  __________

Parent Signature ___________________________  Date: _____________________