La Mariposa Montessoris

"ADVENTURE DAY CAMP"

For Children Ages 6-12

Plug into the Great Outdoors

with Katkina, Sophie and Friends!

EXPLORE NATURE!



RIDE A BIKE!!



PLAY!!



CLIMB!!



GET WET!!



2017 CAMP DATES:

June19 – 23 July 3 - 7 July 31 – Aug 4

PROGRAM COST:

\$300.00/week

NEW: Daily Option @ \$70.00/day

8am - 4pm daily

10% "Early Bird" Savings

available through April 1st!

LOCATIONS:

La Mariposa Montessori's 55 Acre Campus, Cochiti Lake, SF Climbing Gym, and visits to alternate locations.

Sorry, no refunds for missed days/sessions.

2017 "ADVENTURE DAY CAMP" Entollment

REGISTRATION INFORMATION

Child's Name		DOB			
Address					
City, State, Zip					
Mother's Name					
Home Ph. #	Work Ph. #	Cell #			
Father's Name					
Home Ph. #	Work Ph. #	Cell #			
Please Check the box for the Camp Session for which you are Registering: Enroll for all 3 Sessions and Save 10%! Session #1: Monday, June 19 through Friday, June 23					
	1 #1: Monday, June 19 through In #2: Monday, July 3 through Fr				
_	#3: Monday, July 31 through F				
Number of Sessions:	@ \$300.00 Tota	l Paid:			
Make checks payable to: La Mariposa Montessori					
Parent Signature		Date			

For additional information call: (505) 995-9659

Sorry, no refunds for missed days/sessions.

~La Mariposa Montessori~

18 Puesta del Sol, Santa Fe, NM 87508 (505) 995-9659

EMERGENCY RELEASE FORM Adventure day Camp, 2017

Child's Name	Home Ph.#	
Mother's Name	Day Ph.#	Hm.Ph.#
Father's Name	Day Ph.#	Hm.Ph.#
Step Parent's Name	Day Ph.#	Hm.Ph.#
Step Parent's Name	Day Ph.#	Hm.Ph.#
EMERGENCY CONTACTS: (Must be 2	alternate individuals; other than parents	or step parents.)
Name	Phone	
Name	Phone	
Ι,	, authorize Katrina Hold	er, La Mariposa Montessori, SF
Escuela del Sol and Staff to seek medical emergency.	attention for my child,	, in case of a medical
In case of a medical emergency, 911 will be	e called and your child will be transport	ed to the nearest hospital.
List any allergies, dietary restrictions, or me	dical conditions that may require interve	ntion or support.
List any fears or concerns that may require s	special attention:	
Parent Signature		

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Adventure Day Camp

Child's Name		D.O.B	Age:		
				Endurance, Di	Endurance, Diet Needs, "Point of no-return":
Water Skills:	Swimming:				
	Canoeing:				
	Kayaking:				
	On-Road:				
	Off-Road:				
Hiking Skills:	Distance:				
	Endurance:				
	Rocky Terrain:				
Climbing Skill	s:				
Any additional	l, pertinent information:				
Parent Signatu	ıre		Date		

~La Mariposa Montessori~

Adventure Day Camp 2017

Please read the following document carefully, sign at the bottom and return.

Acknowledgment of Risk

- a. Parent or guardian understands that there are numerous risks associated with participation in any animal husbandry and outdoor camp activities including hiking, archery, games, sports, kayaking, crafts, and transportation to and from activities.
- b. Katrina Holder, La Mariposa and SF Escuela del Sol staff, are well-trained to take proper and prudent care of the student's health, safety and well-being. However, some inherent risks from unpredictable mountain weather and terrain, equipment malfunction, animal behavior, water movement, rock fall, vehicular accidents, staff judgment, and other risks relative to our activities, cannot be fully controlled or eliminated.

Parent or guardian agrees to release and waive any claim of liability against Katrina Holder, La Mariposa Montessori, SF Escuela del Sol and its staff, with respect to any injury, illness or death occurring from the Camp activities. Parent or guardian agrees to indemnify and hold harmless Katrina Holder, La Mariposa Montessori, SF Escuela del Sol and its staff with respect to any claim asserted by or on behalf of a child in this program as a result of any such harm.

Parent/Guardian Signature:	Date		
Parent/Guardian Signature:	Date		