

# FALL BREAK CAMP, October 18-22, 2010

*For students 3 & 4 years-old (based on date of birth NOT grade)*



Camp Theme: CORNACOPIA!

Camp Hours: 8:30am – 5:00pm, Morning Daycare is NOT Available

Camp Fees: \$40/day (amount remains the same regardless of time spent in camp)

Teachers: Joelle (Child Care Counselor), Caitlin (Child Care Counselor), Maria (DMIS Assistant in Spanish 3YO), Dominique (DMIS French Pre-K Teacher)

## CAMP PRE-REGISTRATION IS REQUIRED!



### General Schedule:

- 8:30 Drop-Off/Free Play
- 9:00 Snack
- 9:30 Outside Time
- 10:00 Group Time (songs, stories, etc.)
- 10:30 Center Choices (art, language, etc.)
- 11:30 Outside Time
- 12:00 Lunch (lunch program NOT available during camps)
- 12:30 Quiet Activities/Rest Time
- 2:00 Snack
- 3:00 Outside Time
- 3:30 Free Play

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Talk about Fall	Leave collage	<b>FIELD TRIP</b>  <b>PUMPKIN PATCH</b>	Carving Pumpkins	Halloween Painting
Pick up Leave to the Neighborhood	Coloring Leave		Cooking Pumpkin Seeds	Make a Witch!
Songs	Mini Gym	Coloring Pumpkin	Pumpkin Story	<u>Halloween Parade!</u>

Twenty four (24) spaces are available each day, so pre-registration is required.  
Registration must be received by Wednesday, October 13, 2010.

**PAYMENT MUST BE ATTACHED TO RESERVE A SPACE.**

**REGISTRATION FORM (3 & 4 year-olds)**

**Parent, Guardian or Primary Contact**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact & Phone \_\_\_\_\_

Participant Age(s): \_\_\_\_\_

Participant Name(s)	Days (\$40 per child, per day)					Fee
	10/18	10/19	10/20	10/21	10/22	
	10/18	10/19	10/20	10/21	10/22	

Total Fees \_\_\_\_\_ (PAYMENT MUST BE ATTACHED TO RESERVE A SPACE)

**Liability, Waiver, Release and Indemnification**

By my signing below as a participant or as the parent or legal guardian of a minor participant, I hereby acknowledge that receiving instruction in enrichment activities presents a risk of accidental injury. I am aware of the risks inherent to participation in activities such as sports, coordination events and fitness training. I hereby assume such risk of injury for children, my personal representatives and myself. I hereby release Denver Montclair International School, its employees/representatives and all enrichment instructors from such liability. Additionally, I release other students or participants involved in the activities from liability from any injury my child or I may suffer in connection with participation in such activities. I acknowledge that my participation or my child's participation in these activities is permitted only upon my execution of this instrument and that my participation or his/her participation is purely voluntary.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_