



Summer Fun at Camp Westmont!

Montessori and Me Camp

Ages 15-24 months WITH parent/caregiver
9:00-11:00am (M,W,F)

The time you invest in your little ones' future is so important. Start them out on the right path with you by their side. Come learn about the Montessori method from the best teacher: your child!



Week 1: June 24, 26, 28

Week 2: July 1, 3, 5

Montessori Discovery Camp

Ages 18-36 months, WITHOUT parent, 8:30-11:00am
Choose 3-day (M,W,F) and/or 2-day (T,TH)

The perfect introduction to the Montessori classroom through song, crafts, outside fun and time with friends. This camp is a great way to ease into the school routine. Children may enroll in one or multiple sessions.

Week 1 June 24-28

Week 5 July 22-26

Week 2 July 1-5 (no 7/4)

Week 6 July 29- August 2

Week 3 July 8-12

Week 7 August 5-9

Week 4 July 15-19

Week 8 August 12-16

Montessori Exploration Camp

Ages 3-6 years
8:30-11:30 am Monday-Friday



The Montessori Exploration Camp is the perfect place to enjoy the summer and keep skills sharp. Summer is no reason to stop the fun of school! Enroll your child in our Montessori Exploration Camp and give him the best of both worlds: summer favorites like crafts, songs, and water play, along with the familiar classroom and learning activities your child enjoys during the school year. Children who have completed Westmont's Toddler Program are eligible.

COME JOIN THE FUN!

Week 1 June 24-28

Week 5 July 22-26

Week 2 July 1-5 (no 7/4)

Week 6 July 29- August 2

Week 3 July 8-12

Week 7 August 5-9

Week 4 July 15-19

Week 8 August 12-16

Westmont Extended Camp

(for campers 18+ months - 6 years)
8:00am - 4:00pm Fee: \$12.50 an hour

Need a little more time before or after camp? Or maybe an hour to run errands? This year we will be open from 8:00am-4:00pm for daily drop-ins and before and after camp care. Activities, outdoor time and snack will be available during this time.



Harbor Hills Day Camp

Monday - Friday 11 :30 - 4:00
June 24 - August 16

The Westmont Montessori School is happily partnering with Harbor Hills Day Camp to add to your child's camp experience. See the attached information sheet for details on enrollment.

Harbor Hills Day Camp

Camp Information

Must be toilet-trained and age 3 before 6/24/19.

Harbor Hills is an ideal place for young campers to begin their journey in camping. Our youngest campers thrive as they are nurtured in a safe and age-appropriate environment. The softball field, go-cart track, swimming pool, basketball courts, hockey rink and walled soccer field are designed with their age, size and success in mind!

Harbor Hills is unique - unlike any other place in camping!

An amazing staff to camper ratio ensures care, attention and guidance for each camper. Socialization, fun, learning new skills, building self-confidence and making new discoveries happen every day. It is a place where campers explore all they can do! While having non-stop fun, our youngest campers build skills and also learn the joy and value of friendship! We know the importance of paying attention to details whether it is the right food at lunch or extra attention to your transportation needs. Taken all together, our camp is beyond compare. We are dedicated to working collaboratively with you so the best possible summer is created for your child.



Sessions Available

Ages 3-6, 11:30-4:00pm, Monday-Friday

Harbor Hills Day Camp Tuition (Camp Westmont fees additional)			
1 Session (2 weeks)	\$1,950	3 Sessions (6 weeks)	\$4,775
2 Sessions (4 weeks)	\$3,475	4 Sessions (8 weeks)	\$5,295

Each session is 2 consecutive weeks in length. Children must be enrolled for same 2 weeks at Camp Westmont coinciding with session(s) at Harbor Hills. Minimum 2 week enrollment.

100% refund of all monies paid, up to March 31st, for any reason.

What does tuition include?

Transportation, Hot lunch, Backpack, T-shirt and Pictures.

What is the sibling discount?

5% for 2nd child, 10% for 3rd child

How does transportation work?

Harbor Hills provides transportation from Westmont to the camp and then from camp to home on A/C school buses (16 and 24 passenger vehicles) with a professional CDL driver and a bus counselor.

Contact Information

If you have any questions, please call the camp office at 973-895-3200 or email: info@hhdc.com

Address:
75 Doby Road
Mendham, NJ 07945

2019 Registration Summer Fun at Camp Westmont!

Montessori and Me Camp

Ages 15-24 months WITH parent/caregiver
9:00-11:00am (M,W,F)

June 24, 26, 28	\$235	<input type="checkbox"/>
July 1, 3, 5	\$235	<input type="checkbox"/>



Montessori Discovery Camp

Ages 18-36 months, 8:30-11:00am, WITHOUT parent
Choose 3-day (M,W,F) and/or 2-day (T,TH)

	M,W,F	T,TH
June 24-28	\$235 <input type="checkbox"/>	\$155 <input type="checkbox"/>
July 1-5 (no 7/4)	\$235 <input type="checkbox"/>	July 2-\$80 <input type="checkbox"/>
July 8-12	\$235 <input type="checkbox"/>	\$155 <input type="checkbox"/>
July 15-19	\$235 <input type="checkbox"/>	\$155 <input type="checkbox"/>
July 22-26	\$235 <input type="checkbox"/>	\$155 <input type="checkbox"/>
July 29- August 2	\$235 <input type="checkbox"/>	\$155 <input type="checkbox"/>
August 5-9	\$235 <input type="checkbox"/>	\$155 <input type="checkbox"/>
August 12-16	\$235 <input type="checkbox"/>	\$155 <input type="checkbox"/>

Child's Name: _____ Birthdate: _____

Allergies: _____ T-Shirt Size: XS / S / M

Parent Email: _____ Phone Number: _____

****Camp Westmont registration, payment AND all state-mandated forms *must be submitted in full* to secure a spot. No refunds after 6/1/19.****

Signature: _____ Date: _____

Montessori Exploration Camp

Ages 3-6

Monday-Friday 8:30-11:30am

June 24-28	\$295	<input type="checkbox"/>
July 1-5 (no 7/4)	\$240	<input type="checkbox"/>
July 8-12	\$295	<input type="checkbox"/>
July 15-19	\$295	<input type="checkbox"/>
July 22-26	\$295	<input type="checkbox"/>
July 29- August 2	\$295	<input type="checkbox"/>
August 5-9	\$295	<input type="checkbox"/>
August 12-16	\$295	<input type="checkbox"/>

Harbor Hills Day Camp

Ages 3-6, 11:30am-4:00pm Daily

Harbor Hills Day Camp registration must be done through the camp directly at www.hhdc.com or by calling the office at (973) 895-3200.

Attending: Yes No

WMS Extended Camp

Available for daily drop-in care

\$12.50/an hour

Program hours: 8am-4pm

Weekly Packages available.

Please email:

bhart@westmontmontessori.org



Montessori and Me Camp Total: _____

Discovery Camp Total: _____

Exploration Camp Total: _____

TOTAL ALL CAMPS: _____

For office use only: Date Rec'd _____ Check #: _____

Total Submitted: _____ Registered: _____



The Westmont Montessori School—2019 Summer Camp Program Child Information Sheet

FORM MUST BE FILLED OUT, SIGNED, AND RETURNED TO SCHOOL BEFORE YOUR CHILD CAN BEGIN SUMMER CAMP.

CHILD'S NAME: _____ **DOB:** _____ **HOME PHONE #** _____

Address: _____

Parent/Guardian's Name: _____ Email: _____ # during camp _____

Parent/Guardian's Name: _____ Email: _____ # during camp _____

EMERGENCY CONTACT—(Other than Parent/Guardian)

Name: _____ Relationship: _____ Home Phone # _____ # during camp _____

TRANSPORTATION AUTHORIZATION—Please indicate those persons who are authorized to transport your child to and from camp.

Name: _____ Relationship: _____ Phone # During Camp: _____

Name: _____ Relationship: _____ Phone # During Camp: _____

CHILD'S HISTORY

Pertinent Medical History of Chronic Illness and **Allergies:** _____

Current medication to be administered (if applicable)*: _____

(*Medication/Dose/Instructions)

EPI-PEN? Yes (If yes, a signed action plan from a Physician with epi-pen is required.)

ASTHMATIC? Yes (If inhaler needed, a signed action plan from a Physician with inhaler is required.)

AUTHORIZATION FOR EMERGENCY TREATMENT - Physician Name: _____ Phone #: _____

Insurance Provider: _____ Policy #: _____ Name on Policy: _____ DOB: _____

I, the undersigned, do hereby authorize The Westmont Montessori School, to whom we have entrusted the care of the above minor, consent to any necessary emergency medical or surgical treatment, anesthesia, or any required diagnostics tests, in the event that I cannot be contacted. **Do not hesitate to administer medication and/or call 911 when parents/guardian or emergency contacts, cannot be reached.**

Parent/Guardian Signature: _____ **Date:** _____



2019 Summer Policies

- Registration form, full payment and State mandated forms must be submitted before child begins camp.
- Forms required by the State must be on file and include:
 - _____ Summer Policies
 - _____ Child Information Sheet
 - _____ **(For current Westmont students only)** Immunization Confirmation, **SEE BELOW.**
 - _____ **(For new students to Westmont)** Universal Health Care Form and immunization record signed by child's physician
- **NO REFUNDS** issued after June 1st

I have read the above policies and agree to abide by them.

Child's Name

Parent/Guardian Signature

Date

For Currently Enrolled Westmont Students Only

This information is required by State Law and **MUST** be signed and submitted before child can attend.

Immunization Confirmation

According to Chapter 14 of the State Sanitary Code (NJAC 8:57-4.1 to 8:57-4.17, "Immunization of Pupils in Schools") the State of New Jersey requires all children (no matter the age) entering Westmont School summer camps/workshops to be age appropriately immunized.

Referring to Table 1 (Required Immunizations by Age for NJ Child Care Centers) all children entering summer camps/workshops at Westmont are required to have:

Up to age 4:

- 4 doses DTaP
- 3 doses IPV
- 1 dose Hib (one dose given after 1st birthday)
- 1 dose MMR (administered after the 1st birthday)
- 1 dose Varivax or Varicella (administered after the 1st birthday)
- 1 dose Pneumonia (administered after the 1st birthday)

Entering Kindergarten:

- 4 doses DTaP (one dose must be given on/or after 4th birthday)
- 3 doses IPV (one dose must be given on/or after the 4th birthday)
- 2 doses MMR (administered after the 1st birthday)
- 1 dose Varivax or Varicella (administered after the 1st birthday)
- 3 doses HEP B

MY CHILD IS APPROPRIATELY IMMUNIZED ACCORDING TO THE GUIDELINES LISTED ABOVE.

Parent/Guardian Signature: _____ Date: _____

Proof of current immunization records must be on file at Westmont.

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)			
Child's Name (Last)	(First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier	
Parent/Guardian Name		Home Telephone Number	Work Telephone/Cell Phone Number
Parent/Guardian Name		Home Telephone Number	Work Telephone/Cell Phone Number
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>			
Signature/Date			This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER			
Date of Physical Examination:		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Abnormalities Noted:		Weight (must be taken within 30 days for WIC)	
		Height (must be taken within 30 days for WIC)	
		Head Circumference (if <2 Years)	
		Blood Pressure (if ≥3 Years)	

IMMUNIZATIONS	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due:
----------------------	---------------------------------------------------------------------------------------------------------------

MEDICAL CONDITIONS		
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

<input type="checkbox"/> <i>I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.</i>	
Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	