

# **SUMMER CAMP 2023**

## **READING AND WRITING GRAPHIC NOVELS, MANGA, MANHWA AND WEBTOONS**

**WITH MS. RUSSELL**

**Week 1** - During Week One we will read and discuss visual literacy using a variety of texts. We will focus on the differences between graphic and non-graphic books. We will learn about the elements of these books that do not appear in other types of writing.

**Week 2** - During Week Two we will build on our knowledge of reading graphic texts by writing and illustrating original stories and making small books of our own.

### TIME

8:30 - 11:30 a.m.

### CAMP DATES

Monday - Friday, July 3 - 7

Monday - Friday, July 10 - 14

### FOR STUDENTS CURRENTLY IN GRADES

6th - 8th

(during the 2022-23 school year)

### COST

\$175/per week



**Please complete registration form on reverse side.**

# 2023 Summer Camp - Graphic Novels, Manga, Manhwa and Webtoons Registration Form

Child's Name \_\_\_\_\_ ( ) Male ( ) Female

Child's Birthdate \_\_\_\_\_ Child's 2022-2023 Grade Level \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

Please indicate which week(s) your child will attend and return this form to The Montessori Academy front office, no later than May 31st, with check payable to: The Montessori Academy

\_\_\_\_\_ JULY 3-7

\_\_\_\_\_ JULY 10-14

\$175/week

### Office Use

pd. \$ \_\_\_\_\_ ck# \_\_\_\_\_

date \_\_\_\_\_ staff initials \_\_\_\_\_

All families must complete Parent/Guardian's Contact Information; Emergency Contact Information and Authorization and Consent for Medical Treatment.

### Parent/Guardian's Contact Information

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_

### Emergency Contact Information

The school may contact the following person if unable to reach a parent. *(All families are required to list an emergency contact person other than the parents.)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

### Authorization and Consent for Medical Treatment

Child's Name \_\_\_\_\_

In the event that I am unable to be reached, I hereby authorize Ms. Russell to sign on my behalf any and all forms required in order to obtain emergency medical or hospital care for my child named above, and I specifically authorize and request that necessary emergency treatment be provided by you to my child. I realize that I am responsible for payment for such emergency care. A photocopy of this Authorization and Consent for Medical Treatment shall have the same force and effect as the original.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_