

SUMMER 2023

ROCK BAND DAY CAMP

WITH MS. JETTA

A fun, diverse, rock band approach to learning the basics of music ensembles, including microphone dynamics and performance techniques. Vocals, drums, guitar, ukulele and bass are some of the instruments explored.

Added benefits to learning the basics of music include the intention of helping students build confidence and address performance anxieties in a supportive and adaptive way. This is a lively and fun way to explore music with one's peers.

TIME

9:00 a.m. - 3:00 p.m.

Before Care offered, if enough interest, from 8:30 - 9:00 a.m.

CAMP DATES

For students currently in grades 4 - 6 (during the 2022-23 school year)
Monday, June 19

For students currently in grades 7 & 8 (during the 2022-23 school year)
Tuesday, June 20

COST

\$75



All materials are provided.
Students should bring a lunch and a reusable water bottle.
Minimum of 4 students needed.

Please complete registration form on reverse side.

2023 Rock Band Day Camp Registration Form

Child's Name _____ () Male () Female

Child's Birthdate _____ Child's 2022-2023 Grade Level _____

Parent/Guardian Name _____ Signature _____

Please return this form to The Montessori Academy front office, no later than May 31st, with check payable to: The Montessori Academy

_____ Grades 4-6 June 19 (____ w/before care)
_____ Grades 7&8 June 20 (____ w/before care)

\$75 and \$5 for before care, if needed

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

<u>Office Use</u>	
pd. \$ _____	ck# _____
date _____	staff initials _____

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. Jetta Cruse 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 _____

SUMMER 2023 SCRIPTING & VIDEO PRODUCING CAMP

WITH MS. JETTA

Storytelling, storyboarding and scripting for video - students turn ideas into stories, develop characters and concepts, and bring them all together into a comprehensive video short.

Day 1: Create the story, concept and recording
Day 2: Edit the footage into a video short using iMovie

TIME

9:00 a.m. - 3:00 p.m.

Before Care offered, if enough interest, from 8:30 - 9:00 a.m.

CAMP DATES

Monday & Tuesday, June 26 & 27

FOR STUDENTS CURRENTLY IN GRADES

4th - 8th

(during the 2022-23 school year)

COST

\$125



All materials are provided.
Students should bring a lunch and a reusable water bottle.
Minimum of 4 students needed.

Please complete registration form on reverse side.

2023 Scripting & Video Producing Camp Registration Form

Child's Name _____ () Male () Female

Child's Birthdate _____ Child's 2022-2023 Grade Level _____

Parent/Guardian Name _____ Signature _____

Please return this form to The Montessori Academy front office, no later than May 31st, with check payable to: The Montessori Academy

_____ June 26 & 27 (_____ w/before care)

\$125 and \$10 for before care, if needed

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.)*

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Cell Phone _____

Authorization and Consent for Medical Treatment

Child's Name _____

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Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Printed Name _____

Printed Name _____

SUMMER 2023

THEATRE SHORTS CAMP

WITH MS. JETTA

A fun way to explore theatre. Students will perform a short play. Script reading, character development, costuming, sets and technology will be explored. This is for any student interested in theatre whether it is on stage or behind the scenes.

TIME

9:00 a.m. - 3:00 p.m.

Before Care offered, if enough interest, from 8:30 - 9:00 a.m.

CAMP DATES

Wednesday & Thursday, June 28 & 29

FOR STUDENTS CURRENTLY IN GRADES

4th - 8th

(during the 2022-23 school year)

COST

\$125



All materials are provided.
Students should bring a lunch and a reusable water bottle.
Minimum of 4 students needed.

Please complete registration form on reverse side.

2023 Theatre Shorts Camp Registration Form

Child's Name _____ () Male () Female

Child's Birthdate _____ Child's 2022-2023 Grade Level _____

Parent/Guardian Name _____ Signature _____

Please return this form to The Montessori Academy front office, no later than May 31st, with check payable to: The Montessori Academy

_____ June 28 & 29 (_____ w/before care)

\$125 and \$10 for before care, if needed

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. Jetta Cruse 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 _____