



Summer Reading Program

We are pleased to offer the Wesley Chapel area a small group summer camp reading program for students entering 1st and 2nd grade. Our program combines the best of Montessori and researched based approaches to remediate reading by integrating (senses of auditory, visual, and kinesthetic senses) to promote further reading development. Our program targets skills in the areas of phonemic awareness, phonics, reading fluency, vocabulary development, spelling, and comprehension.

Camp Will Include

Individual and small group instruction, outside time, crafts, take home books and lots of fun!! Activities are designed to improve reading skills, prepare for the next school year and help children develop a love of reading! Camp will be taught by a certified Montessori teacher.

Dates: June 10, 2019 – June 21, 2019

Time: 9:00 am – 3:00 pm

(Before & After School options available for current GMS students)

Location: 6845 Boyette Road Wesley Chapel, FL 33545



“The more you READ, the more things you will know. The more that you LEARN, the more places you’ll go.” – Dr. Seuss



Reading Summer Camp

☐ **June 10th – June 21st Reading Camp \$480** (we strongly recommend attending both weeks)

☐ **June 10th – June 14th Reading Camp (Part 1 Only) \$250** ☐ **June 17th – June 21st Reading Camp (Part 2 Only) \$250**

Student's Legal Name _____ Preferred Name _____

Student's Birthday _____ Male () Female () Preferred not to Disclose ()

Mr. ____ Mrs. ____ Ms. ____ Dr. ____ Relationship _____ Mr. ____ Mrs. ____ Ms. ____ Dr. ____ Relationship _____

Guardian's Name _____ Guardian's Name _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Email _____ Email _____

Address _____

City _____ State _____ Zip _____

No medication shall be given by child care personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name, and medication directions written on the label. Nonprescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the child's physician and the parent or legal guardian to do so. Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

Allergies, special dietary needs, or other health information: ☐ None or _____

Medications taken routinely at home or school (list exact medication, exact dosage amount, and exact time each dosage is to be administered including but not limited to sunscreen, lotions, etc.): ☐ None or _____

Authorization Pick up and Consent to Medical Treatment. In the event my child becomes ill or injured at school or in a school-related event and I cannot be contacted, Garden Montessori School, LLC is authorized to take **one or more** of the following actions: Release my child to the person(s) listed below:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Home #: _____ Home #: _____

Cell #: _____ Cell #: _____

Take my child to a hospital and/or release my child to emergency medical personnel and hereby give consent for emergency care.

Doctor's Name: _____ Office Number: _____

Preferred Hospital: _____

Dentist's Name: _____ Office Number: _____

Food-related Activities & Special Occasion Food Consumption: I, the parent/guardian, give/decline permission for my child to participate in food related activities and special occasions (cooking projects, celebrations, birthdays, etc.) wherein food is consumed.

____ My child **DOES NOT** have a food allergy or dietary restriction. She/he **MAY** participate in activities.

____ My child **DOES NOT** have a food allergy or dietary restriction. She/he **MAY NOT** participate in activities.

____ My child **DOES** have a food allergy or dietary restriction. She/he **MAY** participate in activities, but may not eat or handle the following items: _____

____ My child **DOES** have a food allergy or dietary restriction. She/he **MAY NOT** participate in activities.

Photo Release*: Throughout the Summer, many opportunities arise to take photographs and/or videos of Garden Montessori School students as they participate in classroom activities.

____ Yes, I grant the above permission to GMS for my child's photo to be used

____ No, I do not grant the above permission to GMS for my child's photo to be used

Student Questionnaire

Current Age of Student: _____

Grade Entering Fall 2019: _____

Current School: _____

Current Reading Level: _____

Does your child enjoy reading? _____

If not, why? _____

How often does your child read? _____

Types of books child is reading now? (Bob Books, Phonics Books, Easy Readers, Chapter Books):

Any special interest your child has? Animals, sports, culture, nature/environment? _____

Does your child receive special reading services in school? _____

If so, what type? _____

Areas of concern: (decoding, fluency, comprehension, vocabulary, other) _____

If this camp is intended for summer reading fun, please check here. _____

Anything additional you would like to share about your child: _____

Guardian's Signature: _____ **Date:** _____

Guardian's Signature: _____ **Date:** _____