



# MARIA MONTESSORI CHARTER ACADEMY 2023-2024 WINTER CAMP POLICIES

## BILLING OF BEFORE/AFTER CARE

Winter Camp dates:

Week 1: Tuesday, Dec. 26 - Friday, Dec. 29

Week 2: Tuesday, Jan. 2 - Friday, Jan. 5

Winter Camp hours are 9:00am-1:00pm

Before Care Hours are 7:30am-9:00am

After Care Hours are 1:00pm-5:30pm

Before and aftercare will be billed at a rate of \$6 per hour or fraction thereof. Invoice will be issued in January and payable by January 20th. Failure to pay may result in your account being sent to collections.

Failure to pick up your child by 5:30pm on any given day will result in a \$2 per minute charge to your account.

Weekly, unlimited before and aftercare may be pre-purchased for \$60 per week.

\_\_\_\_\_  
(initials)

\_\_\_\_\_  
(initials)

## PG MOVIE PERMISSION

MMCA occasionally shows entertainment films during Summer Camp and Before and Aftercare. Sometimes these films are rated PG. Our philosophy embraces a conservative approach to selecting these films and we do not show films that include foul language, excessive violence, or sex.

MMCA requests permission to make selections of these films on your behalf. Your right as a parent to control your child's viewing is respected. Please indicate on the form below your preference for our handling of this issue. Your child will not be allowed to view PG films without your approval.

\_\_\_\_\_ I give permission for my child(ren) to view films selected by the MMCA staff

\_\_\_\_\_ I would like to be notified in advance of each PG film shown from a commercial source.

\_\_\_\_\_ I do not give my permission for my child to view PG films

\_\_\_\_\_  
(initials)

\_\_\_\_\_  
(initials)

## PARTICIPATION AGREEMENT

I acknowledge, understand, and accept that there are inherent risks associated with participation in this program and that doing so could result in an injury. Maria Montessori Charter Academy (MMCA) assumes no liability for injuries or damages from the results of participation. I acknowledge the fact that MMCA does not provide accident insurance to its program participants. I certify that, to the best of my knowledge, my child is physically fit and, should this condition change at any time during the program I will notify the administration of MMCA Winter Camp immediately. MMCA has my permission to call 911 and/or to send my child to a hospital or emergency care facility, and the hospital and medical staff have my authorization to provide emergency treatment deemed necessary for the well being of my child. I agree to abide by all posted, written, or verbally communicated rules and regulations administered by MCMA staff concerning this program. I authorize MMCA to take, display, and publish photographs, slides or videos for promotional and/or educational purposes. I have read, understood, and accepted the terms of this participant's agreement as outlined.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child(ren's) Name(s)