

# Frog Song Montessori Preschool



## Summer Camps 2019

Frog Song Montessori Preschool has a strong emphasis on children's sensorial exploration of nature. Children are naturally drawn to nature, and as concrete, sensorial learners, children 2-5 years of age learn through their own interactions with their environment. Our 14-acre property allows children the explorative experiences necessary for self-discovery. Each of our five one-week summer camps focuses on a different aspect of the earth that is unique to our property, allowing children the opportunity to learn firsthand in their own interactions and explorations of nature.

**Location: 8500 NE Siskiyou St. Portland, OR 97220**

**Time: Monday through Friday  
8:30am to 3:00pm or 8:30am to 6:00pm**

### Week One: July 8<sup>th</sup>- July 12<sup>th</sup>

**All About The Earth:** This week children will learn all about the earth. What it is made of at its surface (water and land), what it is made of at its core, as well as how the earth moves around the sun and how that creates gravity! Each day will have a focus, including the water cycle and its connection to the weather, what kinds of soils exist, and why and how gravity exists and what that means for us on earth. Each theme will have classroom activities inside that connect to outside explorations. For example, for the water cycle we will read books, sing songs, and do experiments, and when we go outside we will explore the concrete, sensorial evaporation process happening at our pond!

### Week Two: July 15<sup>th</sup>- July 29<sup>th</sup>

**All About Bugs:** This week we focus on bugs. In the classroom, we will use books, songs, stories and language cards to learn all about different kinds of insects, including which insects live on our property and what life looks like for them. Classroom activities will include using collage to create our own bugs, learning their names through games with picture cards, and sorting

activities such as sorting insects that live in the dirt from ones that do not. Outside explorations will include digging in different areas of the property to discover bugs and making bug homes based on the kind of bugs we find. Each day we will focus on a different bug, taking the things we learn inside the classroom to the outside environment in our search and appreciation of these little creatures.

### **Week Three: July 22<sup>nd</sup> - 26<sup>th</sup>**

**All About Bees:** During this week we will take a close look at the feared and partly misunderstood insect, the bumblebee! We will learn that there are all different kinds of bees, we will learn about what different bees look like, how to identify them, and things we can do to avoid getting in conflict with them! We will buzz in on the bumblebee and learn about what they eat, where they live, what kinds of bees exist in the hive and what their roles are, etc. Classroom activities will include making bee collages, reading stories and books about bees, putting together a bee life cycle in order, tweezing "bee eggs" into individual honey combs, etc. while outside activities will include going on "bee walks" to find bees and their hives and observe/note bee activity around our property. We will also practice "safe" bee behavior as a way to diffuse fear and anxiety around their presence!

### **Week Four: July 29<sup>th</sup> – Aug 2<sup>nd</sup>**

**All About Plants:** We will learn all about what plants are, their relationship to the earth, their needs, their functions, parts of a plant and the names of plants that exist on our property using picture cards. Classroom activities will include planting seeds, taking care of the plants in our classroom, leaf rubbing, creating a plant using cut- out parts, and making a 'parts of a plant' book. Outside activities will include planting sprouted seeds in the garden, going on nature walks to identify plants, and collecting leaves of plants to compare and do leaf rubbings. We will also focus on trees as a type of plant, learning the names of different trees on the property as well as the different parts of a tree.

### **Week Five: August 5<sup>th</sup>-9<sup>th</sup>**

**All About Birds:** We will learn all about different kinds of birds, how their activity changes from season to season, where they sleep, what they eat, etc. Classroom activities will include language cards for learning the names of birds that live on our property, and creating a bird using collage. Outside activities will include nature walks to search for and identify birds on our property, observation and exploration of different habitats, and construction of our own bird nests using materials we gather from our property.



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## Summer Camp Registration

To enroll your child in any of our Summer Camp sessions, please complete this form and return it to Frog Song Montessori Preschool along with camp tuition by June 15<sup>th</sup>. We will reserve your child's spot at camp when we receive your tuition payment.

Enrollment is open to any child, regardless of race, color, religious affiliation, family make-up, or disability, provided we can meet the needs of the child.

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

First  
Parent/Guardian: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Work/Alternate Phone: \_\_\_\_\_

Second  
Parent/Guardian: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address(if  
different): \_\_\_\_\_  
Street City State Zip

Work/Alternate Phone: \_\_\_\_\_

How did you hear about our Summer Camp program? \_\_\_\_\_



**Summer Camp Weeks Requested**

Week 1, July 8th - 12th: **All About the Earth**

\_\_\_\_\_ 8:30am--3:00pm.....\$250

\_\_\_\_\_ 8:30am--6:00pm.....\$350

Week 2, July 15th - 19th: **All About Bugs**

\_\_\_\_\_ 8:30am--3:00pm.....\$250

\_\_\_\_\_ 8:30am--6:00pm.....\$350

Week 3, July 22nd - 26th: **All About Bees**

\_\_\_\_\_ 8:30am--3:00pm.....\$250

\_\_\_\_\_ 8:30am--6:00pm.....\$350

Week 4, July 29th - Aug 2nd: **All About Plants**

\_\_\_\_\_ 8:30am--3:00pm.....\$250

\_\_\_\_\_ 8:30am--6:00pm.....\$350

Week 5, Aug 5th - 9th: **All About Birds**

\_\_\_\_\_ 8:30am--3:00pm.....\$250

\_\_\_\_\_ 8:30am--6:00pm.....\$350

Early Drop-off (8:00am): \$25/week x \_\_\_\_\_ weeks



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**Health Inventory**

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

Does your child have allergies? \_\_\_\_\_ If so, please describe \_\_\_\_\_

Please describe any health conditions and instructions for providing best possible care in regard to these conditions. Also note if health conditions restrict child's activities. (Note: If child will require medication during school hours, the Medication Authorization form must be completed.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List of current Medications \_\_\_\_\_

Insurance Provider and Policy Information \_\_\_\_\_

**Physician Information**

Name of child's physician \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ Date of last physical exam \_\_\_\_\_

**Dentist Information**

Name of child's dentist \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ Date of last dental exam \_\_\_\_\_

**Emergency Contact Information—whom should we contact if we cannot reach parents/guardians in an emergency?**

Name \_\_\_\_\_ Phone numbers \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone numbers \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone numbers \_\_\_\_\_ Relationship \_\_\_\_\_

*(over)*

**CONSENT TO MEDICAL TREATMENT AND CARE OF MINOR CHILDREN**

I, \_\_\_\_\_, hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment to include first aid and CPR by a qualified staff member at Frog Song Montessori Preschool. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed by my child’s regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child’s health and I cannot be contacted. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Enrollment Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

**OREGON CERTIFICATE OF IMMUNIZATION STATUS**

Please complete the Oregon Certificate of Immunization Status form. Oregon law requires proof of immunization be provided or an exemption signed prior to a child’s attendance at preschool.



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## Release and Waiver of Liability Form

Childs Name \_\_\_\_\_

At Frog Song every precaution is taken to assure your child's safety while in our care.

**Waiver and Release**—I agree to release and forever hold harmless DRZC and its successors, from any and all liability, claims and demands which arise or may hereafter arise from visits to DRZC. I understand and acknowledge that this Release discharges DRZC from any liability or claim that I may have against DRZC with respect to bodily injury, personal injury, illness, death or property damage that may result from my child's participation in Frog Song activities or occurring while on the property of DRZC known as Siskiyou Square.

**Assumption of Risk**—I understand that my child will engage in activities in a natural environment and that Siskiyou Square is an active construction site. I assume all risks associated with their participation in this program.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Photography Release**—DRZC has permission to take photographs of my child. I give model release for the use of any photos on the DRZC website or in printed materials. I further understand that photos may be taken of my child by others.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## Oregon Certificate of Immunization Status Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Codigo Postal</i>
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>	

Complete for all  
 Up-to-date  
 Medical  
 Non medical

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR) <i>or</i> Measles vaccine only Mumps vaccine only Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

**I certify that the above information is an accurate record of this child's immunization history.**

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For school/facility use only</b>
School/facility Name
Student ID Number
Grade

\*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

**Continued On Reverse Side**





# Oregon Certificate of Immunization Status, Page 2

## Oregon Health Authority, Immunization Program

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
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	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Recommended Vaccines	Pneumococcal (PCV) (Only in children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

**For medical exemptions:**  
**Please submit a letter signed by a licensed physician stating:**

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

**For Immunity Documentation** (history of disease or positive titer): **Please submit a letter signed by a licensed physician stating:**

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

**Nonmedical Exemption:**  
 I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

A health care practitioner  
 The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

<input type="checkbox"/> Diphtheria/ Tetanus/Pertussis	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Polio	<input type="checkbox"/> Hepatitis A
<input type="checkbox"/> Varicella	<input type="checkbox"/> Hib
<input type="checkbox"/> Measles/Mumps/Rubella	

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Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Optional:**  
 ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

Religious belief     Philosophical belief     Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_