

**Pirate's Cove (June 10 – 14):** Arrrrr!! Join the fun as Captain Brownhair leads the crew in hunting for treasures, making maps, and navigating through rough waters.

**ARTrageous (June 17 – 21):** Join us as we experiment with art of all mediums from oil pastels, watercolors, and more. We'll study Monet, van Gogh, and other masters and make some incredible art too!

**Camp Out (June 24 – 28):** Calling all backpacking adventurers! We will pitch a tent, fish, learn how to use a compass, recognize various wild animals and their tracks, and more!

**Super Safari (July 8 – 12):** Off to the Serengeti we go in search of giraffes, lions, and zebras! This week will be filled with ROARS of laughter and fun as we learn savannah survival skills: recognizing various animals and learning how to work a compass.

Paleontology for Kids (July 15 – 19): Dust off your shovel and join us as we dig out fossils and jewels while learning about the giants that once roamed the earth.

**Princesses and Superheroes (July 22 – 25):** Princesses and superheroes are not just the things of fairy tales!! This week, we will explore the castles, princesses, and knights of the medieval world as well as the Greek gods that so closely resemble the Justice League

| Pirate's Cove<br>June 10 – 14                 | Camp (8:30 a.m 12:30 p.m.)<br>Scholars (12:30 p.m 1:30 p.m.)  | М | T<br>T | W | TH<br>TH | F   |
|---|---|---|--------|---|----------|-----|
| ARTrageous<br>June 17 – 21                    | Camp (8:30 a.m 12:30 p.m.)<br>Scholars (12:30 p.m 1:30 p.m.)  | М | T<br>T | W | TH<br>TH | F   |
| Camp Out<br>June 24 – 28                      | Camp (8:30 a.m 12:30 p.m.)<br>Scholars (12:30 p.m 1:30 p.m.)  | М | T<br>T | W | TH<br>TH | F   |
| Super Safari<br>July 8 – 12                   | Camp (8:30 a.m 12:30 p.m.)<br>Scholars (12:30 p.m 1:30 p.m.)  | М | T<br>T | W | TH<br>TH | F   |
| Paleontology<br>July 15 – 19                  | Camp (8:30 a.m 12:30 p.m.)<br>Scholars (12:30 p.m 1:30 p.m.)  | М | T<br>T | W | TH<br>TH | F   |
| Princesses and<br>Superheroes<br>July 22 – 25 | Camp (8:30 a.m 12:30 p.m.)<br>No Afternoon Scholars This Week | М | Т      | W | TH       | n/a |

# The Marlowe School, LLC

## 2024 Summer Application

| Child  |                                   |                                      |  |  |
|--|-----------------------------------|--------------------------------------|--|--|
|  |                                   |                                      |  |  |
| First  | Middle                            | Last                                 |  |  |
| Sex:   | Date of Birth:<br>Place of Birth: |                                      |  |  |
| Address:   |                                   |                                      |  |  |
| Parents or Legal Guardians                                       |                                   |                                      |  |  |
|  |                                   |                                      |  |  |
| Name   |                                   | Name                                 |  |  |
| Employer   |                                   | Employer                             |  |  |
| Phone 1  |                                   | Phone 1                              |  |  |
| Phone 2  |                                   | Phone 2                              |  |  |
| Email Address  |                                   | Email Address                        |  |  |
| Health   |                                   |                                      |  |  |
|  |                                   |                                      |  |  |
| Pediatrician's Name  |                                   | Pediatrician's Phone                 |  |  |
| Allergies  |                                   | Restrictions or Physical Impairments |  |  |
| Have any vision problems been detected? (If so, please explain.) |                                   |                                      |  |  |

Have any hearing problems been detected? (If so, please explain.)

Student Release

My child may be released from school to the person signing this agreement or to the following:

| Name                         |            | Phone |
|------------------------------|------------|-------|
|                              |            |       |
|                              | <u>-</u> . |       |
|                              |            |       |
| Additional Emergency Contact |            | Phone |
|                              | -          |       |
|                              |            |       |
|                              |            |       |
|                              |            |       |

#### **APPLICATION PROCEDURE**

- 1. A signed application and emergency medical authorization should be emailed to <u>kristingrant@themarloweschool.com</u>.
- 2. After the application is received, a payment link for \$25 equipment & supply fee + 50% of the total camp fees will be sent. Once payment is submitted, your child's place will be reserved on our camp roster. This payment is non-refundable.
- 3. The remaining 50% will be due by June 1.
- 4. There are no make-up days for missed camps. However, days may be added if space is available.
- 5. Please note that all students must be potty trained before their first day of camp.

The Marlowe School has a non-discrimination policy relative to race, color, gender, religion, sexual orientation, and national or ethnic origin with respect to the admission of students and the employment of faculty and administrative staff.

## The Marlowe School, LLC

### **Emergency Medical Authorization**



| Should (Child) | (DOB) |
|----------------|-------|
|----------------|-------|

suffer an injury or illness while in the care of The Marlowe School, LLC, and the facility is unable to contact me immediately, the responsible person at The Marlowe School shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) agree to keep The Marlowe School informed of changes of telephone numbers, etc. where I (we) can be reached. The Marlowe School agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Phone

Child's primary source of health care is: Physician's Name

Hospital Preference

Known medical conditions (i.e. diabetic, asthmatic, drug allergies):

IN EMERGENCIES REQUIRING IMMEDIATE MEDICAL ATTENTION, YOUR CHILD WILL BE TRANSPORTED BY AMBULANCE TO THE NEAREST HOSPITAL EMERGENCY ROOM. YOUR SIGNATURE AUTHORIZES THE RESPONSIBLE PERSON AT THE MARLOWE SCHOOL TO HAVE YOUR CHILD TRANSPORTED TO THAT HOSPITAL. IN ADDITION, THE PERSONS YOU HAVE INDICATED TO BE CONTACTED IN AN EMERGENCY ARE AUTHORIZED TO TRANSPORT YOUR CHILD TO YOUR HOSPITAL PREFERENCE.

| Parent's Name   | Parent/Guardian's Signature | Date |  |  |
|---|-----------------------------|------|--|--|
| IN THE EVENT THAT NEITHER YOU (THE PARENTS OR THE GUARDIANS) NOR THE FAMILY PHYSICIAN<br>CAN BE CONTACTED IMMEDIATELY IN AN EMERGENCY SITUATION, DO YOU AUTHORIZE THE<br>EMERGENCY ROOM STAFF AT THE NEAREST HOSPITAL TO PROVIDE EMERGENCY CARE FOR YOUR<br>CHILD? YOUR SIGNATURE AUTHORIZES SUCH EMERGENCY CARE. |                             |      |  |  |
| Parent's Name   | Parent/Guardian's Signature | Date |  |  |
| INSURANCE INFORMATION   |                             |      |  |  |
| Insurance Company   | Policy Number               | Date |  |  |
|   |                             |      |  |  |