

210 9th Street, Suite 1 Jersey City, NJ 07302 (201)420-8111 admissions@scandischool.com scandischool.com

Summer Camp Registration 2024

Child's Full Name:

Date of Birth:

SUMMER CAMP 2024

Program	Time	Price	Meals			
Half Day	8:30am-1pm	\$695/week	Includes snack + lunch			
Full Day	8:30am-4pm	\$795/week	Includes snack + lunch + snack			
Forest Program	June 10 - July 12	& June 17 - July 12	See separate application			
Early Bird Discounts: Sign up for 5-9 weeks of camp: 5% discount						
Sign up for all 10 weeks of camp: 10% discount Must be registered by March 10 to receive discount						
Please note, a minimum of two consecutive weeks is required to register						
Extended Day "Fritids"	4pm-5pm	\$100/week				

For each week, choose the half day or full-day program:

Half Day	Full Day	Dates	Theme
		June 10-14	Celebrating Individuality - Self-Expression Through Art & Play
		June 17-21*	Embracing Diversity - Creative Exploration of Cultures & Traditions
		June 24-June 28	Midsummer Magic - Scandinavian Tales & Folklore
		July 1-5**	Freedom of Expression - The Power of Drama, Theater, & Music
		July 8-12	Nourishing Minds & Bodies - Natural Dyes, Weaving, Gardening & Mindfulness
		July 15-19	Imagination at Play - Puppetry, Recycled Material Creations, & Storytelling
		July 22-26	Constructing Mindful Spaces - Building Blocks & Woodworking Wonders
		July 29-Aug 2	Discovering Cultural Treasures - Exploring Identity Through Jewelry Making & Map Adventures
		Aug 5-9	STEM Exploration - Science Experiments, Kinetic Structures, & Building Challenges
		Aug 12-16	"You are never too small to make a difference." - Young Changemakers: Art, Music, and Community
			*June 19: Closed in observance of Juneteenth **July 4: Closed in observance of Independence Day

Please include a deposit of \$100 per week upon registration (non-refundable). Full balance due May 1. Applications are due on March 10 and will be accepted in the order in which they are received.

PARENT INFORMATION

Parent Name:							
Home address:							
City:		State:	Zip Code:	Country:			
Home Phone:		C	ell Phone:				
Email address:							
Occupation:							
Employer:							
Business Address:							
City:		State:	Zip Code:	Country:			
Business Phone:							
		PARENT II	NFORMATION				
Parent Name:							
Do both parents live together? □ Yes □ No							
If no, please give home address							
City:		State:	Zip Code:	Country:			
Home Phone:		С	ell Phone:				
Email address:							
Occupation:							
Employer:							
Business Address:							
City:		State:	Zip Code:	Country:			
Business Phone:							

CHILD'S INFORMATION

Child's Full Name:				Date of Birth:			
Preferred gender pronoun: Does the child live with both parents? Ves No							
If no, please give home address:							
City:	State:	Zip Code:		Country:			
Has your child attended school before?	□ Yes □ No)					
If so, which school?							
Please describe your child overall:							
Does your child speak any foreign language	es? □Yes □	[]] No					
If so, which languages?							
Does your child have any food allergies or other medical issues?							
Any additional information you wish to share about your child?							
Thank you for your interest in the Scandinavian School of Jersey City!							
Parent Signature				Date			
Parent Signature				Date			