



Kingswood Montessori Academy
20130 SW 304 Street
Homestead, Florida 33030

305-248-2308

www.kingswoodmontessori.com

Camp Kingswood 2026

ALL REQUESTED INFORMATION
IS IMPORTANT.

PLEASE NOTIFY US
IMMEDIATELY IF ANY
INFORMATION CHANGES.

CAMPER'S INFORMATION

Name: _____ Birth Date: _____ Sex: _____

Home Mailing Address: _____ City: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Child's Current School: _____

FATHER'S INFORMATION

Name: _____ Home Phone: () _____

Work Phone: () _____ Cell Phone: () _____

E-mail Address: _____

MOTHER'S INFORMATION

Name: _____ Home Phone: () _____

Work Phone: () _____ Cell Phone: () _____

E-mail Address: _____

PERSON RESPONSIBLE FOR PAYMENT

Name: _____ Home Phone: () _____

Work Phone: () _____ Cell Phone: () _____

Billing Address: _____ City: _____ Zip: _____

HOW DID YOU FIND CAMP KINGSWOOD?:

Kingswood Student [] Internet [] Driving By [] Mailing [] Recommended by Family: _____
Other: _____

Campers Name: _____

Emergency/Medical Information

A copy of your child's current health certificate is required of all campers who did not attend Kingswood Montessori Academy this year. Please obtain a copy of this form from your child's current school or pediatrician. Your child will not be admitted to Camp Kingswood without this certificate.

Emergency Contact #1

Name: _____ Home Phone: () _____

Work Phone: () _____ Cell Phone: () _____

Relation to Camper: _____

Emergency Contact #2

Name: _____ Home Phone: () _____

Work Phone: () _____ Cell Phone: () _____

Relation to Camper: _____

Doctor's Information:

Name: _____ Phone: () _____

List all conditions, physical or behavioral, as well as any allergies, disabilities, dietary restrictions, or medications:

List all authorized individuals, other than parents, to pick up child(ren) (I.D. must be provided to release child.):

Camp Kingswood Summer Camp Schedule – 2026

SESSION 1 June 08 th -June 12 th June 15 th -June 19 th	SESSION 2 July 6 th -July 10 th July 13 th -July 17 th	SESSION 3 July 20 th -July 24 th July 27 th -July 31 th	Camp Closed June 22 nd -June 30 th July 1 st -July 3 rd
			August 3 rd -August 14 th

Available Programs

Half-Day Monday-Friday 8:00am to 12pm= \$400/2 weeks,	Circle desired sessions 1 2 3
Full-Day Monday-Friday 8:00am to 3:00pm= \$450/2 weeks,	Circle desired sessions 1 2 3
After Care Monday-Friday 3:00 to 6:00pm = \$100/2 weeks ,	Circle desired sessions 1 2 3
Early Care Monday- Friday 7:30am-8:00am = \$75/ 2 weeks ,	Circle desired sessions 1 2 3

These rates are guaranteed for all students registering by April 1st. Payments must be made per session. New school year commences on August 18th.

All payments (including daily option) must be made at least one week prior to session- no exceptions.

Payment Options, Discounts, Due Dates, and Signatures

A. Minimum Initial Payment Due with Application:

ALL APPLICATIONS DUE BY APRIL 15th to have free

Registration. **\$100 Registration fee if submitting application After April 15th.**

B. Discounts:

5% discount for each additional sibling applied before any other payment discounts

C. Payment Due Dates:

Payments for sessions are due one week prior to the beginning of each session of Summer Camp

D. No refunds will be given for absences for any reason.

E. I/We hereby request that our child _____ be enrolled in Camp Kingswood of Kingswood Montessori Academy for the camp sessions indicated above. I/We have indicated a payment option and agree to pay the total sum of camp fees as outlined above. All payments are non-refundable.

Father/Guardian _____ Date _____

Mother/Guardian _____ Date _____

Charges must be paid by applicable due date or reservation will be cancelled.
 Patrons are responsible for all charges for services rendered or reserved.

Amount enclosed with Application: \$ _____

Payment Method: Cash Credit Card Check #: _____

*Credit Card Payments must be made at the off