

# Fall 2019 Enrichment Program



**Begins  
September 9!**

**Mondays and Wednesdays  
1-2 pm**

Kaleideum offers afternoon enrichment programs for Salem Montessori students! Facilitated by trained Kaleideum Teaching Artists, we will provide joyful opportunities for your student to explore art, theatre, music, literature, and more! Our approach to integrate STEM, arts, and literature means no two days will ever be the same!

Kaleideum Enrichment runs while Salem Montessori School is in session, and begins Monday, September 9, 2019. (Check SMS calendar for periodic closings) *Spaces are limited; register today!*  
For ages 4-6.

**Rates** (Billed Monthly):

1 day per week: **\$8**

2 days per week (Monday and Wednesday): **\$16**

Register for Sept-Dec and save! Only **\$200!**

**Register:**

Online at [bit.ly/KaleideumEnrichmentProgram](http://bit.ly/KaleideumEnrichmentProgram)

or by contacting Christy Ferguson at [cferguson@kaleideum.org](mailto:cferguson@kaleideum.org)



**Enrichment classes are offered Mondays and Wednesdays, September-December. Per Day: \$8 Full Semester: \$200**

Circle all dates you are registering for:

<b>Mondays</b>	<b>Wednesdays</b>
Sept 9	Sept 11
Sept 16	Sept 18
Sept 23	Sept 25
Sept 30	Oct 2
Oct 7	Oct 9
Oct 14	Oct 16
Oct 21	Oct 23
Oct 28	Oct 30
Nov 4	Nov 6
Nov 11	Nov 13
Nov 18	Nov 20
Nov 25	<i>Closed</i>
Dec 2	Dec 4
Dec 9	Dec 11
Dec 16	Dec 18

**Mail form and payment to:**

Kaleideum North  
 Attn: Christy Ferguson  
 400 W Hanes Mill Rd  
 Winston-Salem, NC 27105

Or save a stamp and register online at [kaleideum.org](http://kaleideum.org)



## **Kaleideum Enrichment Program Registration Form**

Please use a separate form for each child. You may photocopy this form.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Are you a Kaleideum Member:  Yes  No

If Yes, expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Per Day Fee: \$8 x \_\_\_\_\_ (# of days) = TOTAL \$ \_\_\_\_\_

Full Semester: \$200

### **Payment Information**

Cash  Check (to Kaleideum) # \_\_\_\_\_  Card

Name on card: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_

Card number: \_\_\_\_\_ CVC: \_\_\_\_\_

### **Emergency Contact and Medical Information**

Emergency contact name (if parents/guardians can't be reached):

\_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

### **Medical and Photography Authorization**

I authorize a Kaleideum representative to seek appropriate medical attention for my child, including the right to authorize medical care in my absence. I understand that I am financially responsible for all medical treatment. I also understand that my child may be photographed during camp and that these photos may be used by Kaleideum for promotional purposes. If I don't want my child to be photographed, I will include a written request with this form.

**Parent/Guardian Signature:** \_\_\_\_\_