

# Montessori Academy Day Camp Summer Registration

(Please complete one form for each student)

Today's Date \_\_\_/\_\_\_/\_\_\_

Child's Name \_\_\_\_\_ Level Completed: \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_/\_\_\_/\_\_\_  Male  Female

Child's home address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Child's home phone \_\_\_\_\_

Mother's name: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Father's name: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Child lives with both parents  Child lives with mother/father

Other \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Allergies?  food  environmental  bee stings  other

(please explain)

Has your child been stung by a bee?  no  yes (how many times? \_\_\_\_\_)

Medications your child takes regularly: \_\_\_\_\_

In case of emergency and you are not available, who may we contact?

1. \_\_\_\_\_  
(Please print name) (Relationship to child) (Home phone) (Cell)

2. \_\_\_\_\_  
(Please print name) (Relationship to child) (Home phone) (Cell)

(Day Camp)

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(Day Camp)

**Completed forms must be returned by Friday, April 4,** to ensure placement. Priority will be given to those registering for the full 9-week session, but children needing just a few weeks can usually be worked in.

Tuition is due every Monday. Tuition received after Monday must include a \$10 late fee. You may want to pay ahead a few weeks at a time.

**Reserved weeks may not be dropped after April 25.** If you reserve a week and find that your child cannot attend, **payment must still be made.** Montessori Academy may credit your account only if **BOTH of the following conditions have been met:** 1. You have notified the office in advance AND 2. There is an additional child on the waiting list who can fill your child's space.

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Please indicate below which weeks your child will be attending, and your dismissal time. *If you register for fewer than two weeks, tuition is required with the application.*

- |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> June 2  | <input type="checkbox"/> June 30 | <input type="checkbox"/> July 28 |
| <input type="checkbox"/> June 9  | <input type="checkbox"/> July 7  |                                  |
| <input type="checkbox"/> June 16 | <input type="checkbox"/> July 14 |                                  |
| <input type="checkbox"/> June 23 | <input type="checkbox"/> July 21 |                                  |

**Total Number of Weeks** \_\_\_\_\_

Dismissal  3:00  3:00-6:00 (after-care)

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**AGREEMENT:**

I understand and agree to the guidelines above. I will be responsible for payment of all weeks that I have reserved.

\_\_\_\_\_  
(Parent Signature – REQUIRED)

**PERMISSION:**

My child \_\_\_\_\_ has my permission to participate in all Montessori Academy Summer Program events and activities, including but not limited to horseback riding.

\_\_\_\_\_  
(Parent Signature – REQUIRED)

**EMERGENCY MEDICAL CARE:**

As parent / guardian, I authorize emergency medical care.

\_\_\_\_\_  
(Parent Signature – REQUIRED)

**(Day Camp)**

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**Tuition is due every Monday.** Tuition received after Monday must include a \$10 late fee. You may want to pay ahead a few weeks at a time.

**Reserved weeks may not be dropped after April 27.** If you reserve a week and find that your child cannot attend, **payment must still be made.** Montessori Academy may credit your account only if **BOTH of the following conditions have been met:** 1. You have notified the office in advance AND 2. There is a child on the waiting list who can fill your child's space.

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**(Day Camp)**