

Montessori Academy

Risers 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? _____

List medications your child takes regularly: _____

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

1. _____
(Please print name) (Relationship to child) (Cell phone)

2. _____
(Please print name) (Relationship to child) (Cell phone)

(Risers Application)

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(Risers Application)

Completed forms must be returned by Friday, April 4, to ensure a placement. Priority will be given to those registering for the full 7-week session, but children needing just a few weeks can usually be worked in. Spaces will be reserved and limited to students registered for fall except on a week by week basis.

Tuition is due every Monday. Tuition received after Monday must include a \$10 late fee. You may want to pay ahead for 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 extra child on the waiting list, above the enrollment limit, who can fill your child's space.**

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.

- June 2 (Day Camp) June 30 July 28
 June 9 (Day Camp) July 7
 June 16 July 14
 June 23 July 21

Total Number of Weeks _____

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

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*)

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