



2017 Primary Summer Program

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Please complete one form for each student.

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Today's Date: _____

Today's Date: _____

Child's Name: _____ Classroom: _____

Child's Name: _____ Classroom: _____

AGE: _____ BIRTHDATE: _____ Male Female

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Child's home address: _____

Child's home address: _____

City/State/Zip: _____ Child's home phone: _____

City/State/Zip: _____ Child's home phone: _____

Parent Name: _____

Parent Name: _____

Home # _____ Work # _____ Cell # _____

Home # _____ Work # _____ Cell # _____

Email address: _____

Email address: _____

Parent Name: _____

Parent Name: _____

Home # _____ Work # _____ Cell # _____

Home # _____ Work # _____ Cell # _____

Email Address: _____

Email Address: _____

Child lives with both parents Child lives with mother/father Other: _____

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Pediatrician: _____ Phone: _____

Pediatrician: _____ Phone: _____

Allergies? food (or dietary restrictions) environmental bee stings other (please explain) _____

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Has your child been stung by a bee? NO YES: How many times? _____

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Medications your child takes regularly: _____

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

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

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(Please print name) (Relationship to child) (Home phone) (Cell)

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

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Registration fee of \$75 must accompany this form.
(Early Bird Registration is \$50 if turned in by Friday, March 24th.)

Completed forms must be returned by Monday, April 17th to ensure placement. **Spaces are limited and priority will be given to children who are enrolled at MA for the 2017-2018 school year during Early Bird Registration (March 3 - 24).** Children who enroll during Early Bird Registration and are NOT enrolled at MA for the 2017-2018 school year will be placed on a waiting list until the end of early registration. Children placed on the waiting list will be notified on March 27th about available spaces.

Camp fees are due every Monday; after Monday you must include a \$10 late fee.

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.**

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

June 5 June 12 June 19 June 26

July 3 July 10 July 17 July 24 July 31

Total Number of Weeks _____

Dismissal 12:00 3:00 3:00-6:00 (After Care)

Optional MA Summer Camp T-shirt Purchase (\$8; please add to registration fee payment)
 X-Small Small

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.

Parent Signature – *REQUIRED*

PHOTOGRAPH RELEASE PERMISSION:

- I give permission for Montessori Academy to use my child's photograph (or my family's photo) if photographed at a MA social event or in the classroom
- I deny permission for Montessori Academy to use my child's or family's photograph.

EMERGENCY MEDICAL CARE:

As parent / guardian, I authorize emergency medical care.

Parent Signature – *REQUIRED*

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