



2017 Infant Summer Program

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Please complete one form for each student.

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Today's Date: _____

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Child's Name: _____

Child's Name: _____

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: _____

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

Pediatrician: _____ Phone: _____

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

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(please explain) _____

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

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Medications your child takes regularly: _____

Medications your child takes regularly: _____

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

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 will be reserved and limited to currently enrolled students.

Camp fees are due every Monday. Fees received after Monday must include a \$10 late fee. You may want to pay ahead for a few weeks at a time.

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 3:00 3:00-5:00 (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.

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.

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