



# Marlboro Montessori **Mini** Camp

## **CAMP WICKATUNK**

### **2018 REGISTRATION**

257 Highway 79  
Morganville, NJ 07751

June 18 - June 29, 2018

**Mailing address:**  
P.O. Box 272  
Wickatunk, NJ 07765

#### Camper's Information

[www.marlbormontessoriacademy.com](http://www.marlbormontessoriacademy.com)

Camper's Name:

Date of Birth:

Male/Female (circle one)

Allergies:

**\*Immunization records for non-Marlboro Montessori Academy's students must be submitted with enrollment.**

#### Consent for Photo Release (Please Check One)

\_\_\_\_ Permission is **GRANTED** to use photographs of my child in the Academy's newsletter, press release, local articles and website with no mention of name, address or phone number.

\_\_\_\_ Permission is **NOT GRANTED** to use photographs of my child.

#### Family Information

Parent Name:

Cell#:

Carrier:

Home#:

Email:

Work#:

Parent Name:

Cell#:

Carrier:

Home#:

Email:

Work#:

#### Emergency Contact Information

Name:

Relationship:

Cell#:

Carrier:

Name:

Relationship:

Cell#:

Carrier:

#### Program

**\*Extended Care Rates available upon request**

| Half Day Sessions | 9:00 AM-11: 30 AM |          | Select one | Full Day Sessions | 9:00 AM-3:00 PM |          | Select one |
|-------------------|-------------------|----------|------------|-------------------|-----------------|----------|------------|
| 2 Day Program     | Thurs - Fri       | \$300.00 |            | 2 Day Program     | Thurs - Fri     | \$450.00 |            |
| 3 Day Program     | Mon-Tues-Wed      | \$400.00 |            | 3 Day Program     | Mon-Tues-Wed    | \$600.00 |            |
| 5 Day Program     | Mon - Fri         | \$500.00 |            | 5 Day Program     | Mon - Fri       | \$750.00 |            |

#### PAYMENT Please select one payment option

**\* Checks payable to Marlboro Montessori Academy**

Full payment: Amount \$ \_\_\_\_\_

Check # \_\_\_\_\_ Check Date: \_\_\_\_\_

Cash \_\_\_\_\_

#### Signatures

Signature:

Date:

Signature:

Date: