



# 2018 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: \_\_\_\_\_

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AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  Male  Female

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  Male  Female

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

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

City/State/Zip: \_\_\_\_\_ Child's home phone: \_\_\_\_\_

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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: \_\_\_\_\_

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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? \_\_\_\_\_

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

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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(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 Wednesday, March 21<sup>st</sup>.)

Completed forms must be returned by Monday, April 9th 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 4    June 11    June 18    June 25

July 2    July 9    July 16    July 23    July 30

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.

\_\_\_\_\_  
Parent Signature – *REQUIRED*

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