



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

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: \_\_\_\_\_

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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 are limited and priority will be given to children who are enrolled at MA for the 2018-2019 school year during Early Bird Registration (March 2 - 21).** Children who enroll during Early Bird Registration and are NOT enrolled at MA for the 2018-2019 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 April 2<sup>nd</sup> 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 4    June 11    June 18    June 25

July 2    July 9    July 16    July 23    July 30

Total Number of Weeks \_\_\_\_\_

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

**Optional MA Summer Camp T-shirt Purchase (\$10; please add to registration fee payment)  2T    3T**



**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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