

Montessori Academy

Primary Summer Registration

(Please complete one form for each student)

Today's Date ___/___/___

Child's Name _____ Level Completed: _____

AGE ___ BIRTHDATE ___/___/___ Male Female

Child's home address _____

City/State/Zip _____

Child's home phone _____

Mother's name: _____

Home Phone _____ Work Phone _____

Cell phone _____

Father's name: _____

Home Phone _____ Work Phone _____

Cell phone _____

Child lives with both parents Child lives with mother/father

Other _____

Pediatrician: _____ Phone: _____

Address: _____

Allergies? food environmental bee stings other

(please explain) _____

Has your child been stung by a bee? no yes: how many times? _____

Medications your child takes regularly: _____

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

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

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

(Primary Application)

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(Primary Application)

Completed forms must be returned by Friday, April 4 to ensure placement. Priority will be given to those registering for the full 9-week session. Children needing just a few weeks can often be worked in. Spaces will be reserved and limited to students registered for fall except on a stand-by basis.

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

Reserved weeks may not be dropped after April 25. 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 times. If you register for fewer than two weeks, tuition is required with the application.

- | | | |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> June 2 | <input type="checkbox"/> June 30 | <input type="checkbox"/> July 28 |
| <input type="checkbox"/> June 9 | <input type="checkbox"/> July 7 | |
| <input type="checkbox"/> June 16 | <input type="checkbox"/> July 14 | |
| <input type="checkbox"/> June 23 | <input type="checkbox"/> July 21 | |

Total Number of Weeks _____

Dismissal 11:30 3:00 3:00-6:00 (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, including but not limited to horseback riding.

(Parent Signature – *REQUIRED*)

EMERGENCY MEDICAL CARE:

As parent / guardian, I authorize emergency medical care.

(Parent Signature – *REQUIRED*)

(Primary)

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