



SUMMER CAMP
Registration and Information Form

Child's Name: _____ DOB: _____ Gender: M__ F__
Last, First, Middle mm/dd/yy

Check sessions and hours your child will attend:

_____ **Session I: Let's Get Cooking** June 15-June 26
_____ Half Day (8:30-11:45) \$265
_____ Full Day (8:30-3:00) \$350
_____ Extended Day (8:30-6:30) \$475
_____ Add Mornings (7:00-8:30) \$50

_____ **Session II: Once Upon A Time** June 29-July 10
_____ Half Day (8:30-11:45) \$265
_____ Full Day (8:30-3:00) \$350 (closed July 3)
_____ Extended Day (8:30-6:30) \$475
_____ Add Mornings (7:00-8:30) \$50

_____ **Session III: This Magical World** July 13-July 24
_____ Half Day (8:30-11:45) \$265
_____ Full Day (8:30-3:00) \$350
_____ Extended Day (8:30-6:30) \$475
_____ Add Mornings (7:00-8:30) \$50

_____ **Session IV: South of the Border** July 27-August 7
_____ Half Day (8:30-11:45) \$265
_____ Full Day (8:30-3:00) \$350
_____ Extended Day (8:30-6:30) \$475
_____ Add Mornings (7:00-8:30) \$50

Please fill out and return this form with \$50 deposit for each session if you have not already paid your deposit. The balance is due at the beginning of each session. A 10% discount is offered if attending all four camp sessions, with payment due on June 1 and July 1.

Address: _____
_____ Phone: (____) _____

Mother's Name: _____	Phone(____) _____
Residence: _____	Cell Phone:(____) _____
Business Name: _____	Work Phone:(____) _____
Which phone number is best to reach you? __home __cell __work __other (____) _____	
Father's Name: _____	Phone(____) _____
Residence: _____	Cell Phone:(____) _____

Business Name: _____ Work Phone:(____)_____

Which phone number is best to reach you? __home __cell __work __other (____)_____

Transportation: Persons authorized to pick up your child from camp:

1. _____
Name, Address, Phone Number

2. _____
Name, Address, Phone Number

3. _____
Name, Address, Phone Number

Emergency contact: _____ Relationship: _____

Home (____)_____ Work (____)_____ Cell: (____)_____

Medical Information

Student's Doctor: _____ Phone: _____

List any know allergies, as well as severity and treatment method: _____

List any physical or other limitations your child has and any special procedures to be followed in caring for your child: _____

List any medications student is currently taking, including dosage and frequency: _____

Note: Please complete medication authorization form if your child is taking medications

Describe any special dietary restrictions: _____

List communicable diseases and/or serious illness or surgery which student has had: _____

To the best of my knowledge, _____ is in good physical and mental condition and capable of active participation in all activities except for the following:

Signature of Parent/Guardian *Date*

Please attach a copy of your child's insurance card

Authorization for Emergency Medical Care

I hereby give my permission to Hopewell Montessori School and the agents, officers, and servants thereof to choose and secure emergency medical treatment and for chosen doctor, hospital, or medical service to provide emergency medical care and/or surgery for my child, _____ . It is understood that every effort will be made to locate the parents/guardian, or one of the emergency contacts listed on this form before any treatment is sought. I agree to cover any expense incurred by such treatment.

Signature of Parent/Guardian *Date*