

Camp Cricket 2021 (2-3 year-olds)

I would like to enroll my child, _____, in *Camp Cricket* for the following sessions:

June 14 – July 2 _____

July 12 - July 30 _____

Aug 2 - Aug 20 _____

I would like my child to attend: **Half Day (9:00 -12:00)** ____ **Full Day (9:00 - 3:00)** ____

I will **usually** need extended care for the following hours on days my child attends:

Morning: 8:00 - 8:30 ____ **Afternoon:** 3:00 - 3:30 ____ 4:00 - 4:30 ____
8:30 - 9:00 ____ 3:30 - 4:00 ____ 4:30 - 5:00 ____

I AM ENCLOSING A ***NON-REFUNDABLE DEPOSIT OF \$100*** TO BE DEDUCTED FROM MY FINAL BILL.

EMERGENCY INFORMATION (PLEASE PRINT CLEARLY)

Child's Name _____ Birthday _____ Age _____ Sex _____

Parent's Name _____ Home Phone _____ Cell _____

Billing Address _____ City _____ Zip _____

Place of Employment _____ Work Phone _____

Parent's Name _____ Home Phone _____ Cell _____

Place of Employment _____ Work Phone _____

Emails _____

Other people who can pick up my child: _____

Person to notify in an emergency (*if parents cannot be located*):

Name _____ Phone _____ Relationship _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Hospital Preference _____

Childhood Diseases _____

Significant illness or physical handicaps or allergies _____

Specify limitations in activities _____

Other comments _____

I give *University Montessori School / Camp Cricket* permission to administer/seek emergency medical treatment for my child.

Parent's signature _____ **Date** _____