

University Montessori School

The Children's Summer House 2021

(3-7 year-olds)

I would like to enroll my child, _____, in The Children's Summer House 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 _____

Email _____

Other people who can pick up my child: _____

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

Name _____ Phone _____ Work _____ 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 / The Children's Summer House permission to administer/seek emergency medical treatment for my child.

Parent's signature _____ Date _____