

# Camp Cricket 2021 (2 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** \_\_\_\_\_