

Camper Name: _____ Magnolia Montessori 2019 Summer Camp Registration Form

Child

First _____ Middle _____ Last _____
Gender: Male ___ Female ___ Birth date ____/____/____
Street Address _____
Town/City _____ State _____ Zip code _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr.
Street Address _____
Town/City _____ State _____ Zip code _____
Home Phone _____ Work Phone _____ Cell phone _____
E-mail _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr.
Street Address _____
Town/City _____ State _____ Zip code _____
Home Phone _____ Work Phone _____ Cell phone _____
E-mail _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Relation to child _____
Home Phone _____ Work Phone _____ Cell phone _____
E-mail _____
Please list those people including in addition to parents/guardians who are permitted to pick up your child:
1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information
Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Phone _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food or medication?
Yes ___ No ___ If yes, explain: _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

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Please Select from the options below:

<u>Session 1</u>	<input type="checkbox"/>	<u>Session 2</u>	<input type="checkbox"/>	<u>Session 3</u>	<input type="checkbox"/>	<u>Session 4</u>	<input type="checkbox"/>
Full Day – 3 or 5 9 a.m. – 3 p.m.	<input type="checkbox"/>	Full Day – 3 or 5 (9 a.m. – 3 p.m.)	<input type="checkbox"/>	Full Day – 3 or 5 (9 a.m. – 3 p.m.)	<input type="checkbox"/>	Full Day – 3-5 (9 a.m. – 3 p.m.)	<input type="checkbox"/>
Half Day – 3 or 5 (9 a.m. – 12:00 p.m.)	<input type="checkbox"/>	Half Day – 3 or 5 (9 a.m. – 12:00 p.m.)	<input type="checkbox"/>	Half Day – 3 or 5 (9 a.m. – 12:00 p.m.)	<input type="checkbox"/>	Half Day – 3 or 5 (9 a.m. – 12:00 p.m.)	<input type="checkbox"/>
Extended Care (7:00 a.m. – 9:00 a.m.) (3:00 p.m. – 6:00 p.m.)	<input type="checkbox"/>	Extended Care (7:00 a.m. – 9:00 a.m.) (3:00 p.m. – 6:00 p.m.)	<input type="checkbox"/>	Extended Care (7:00 a.m. – 9:00 a.m.) (3:00 p.m. – 6:00 p.m.)	<input type="checkbox"/>	Extended Care (7:00 a.m. – 9:00 a.m.) (3:00 p.m. – 6:00 p.m.)	<input type="checkbox"/>

Note: If choosing Extended Care, please circle which time(s) that you need.
When choosing Full Day or Half Day, please circle either 3 or 5 days.

Please note: There is a one-time Registration Fee of \$40 to be included in your Camp Registration Form, which will be used to help cover snacks and supplies. Spots will be filled on a first come, first serve basis with limited numbers so that we can ensure the proper staff coverage. The cost of the summer programs will be billed but will fall in line with the 3% tuition increase which takes effect on July 1, 2019.

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

