



## Summer Camp Registration for Pre-Primary Students 2017

Child's full name \_\_\_\_\_

Date of birth \_\_\_\_\_

Weeks Available:

\_\_\_ June 12 - 16

\_\_\_ July 10-14

\_\_\_ June 19 - 23

\_\_\_ July 17 - 21

\_\_\_ June 26 - 30

\_\_\_ July 24 - 28

Closed July 3 -7

\_\_\_ July 31 – Aug 4

Programs available:

\_\_\_ 9:00 am – 12:00 pm, cost is \$160/week

\_\_\_ 9:00 am – 3:00 pm, cost is \$190/week

\_\_\_ 7:30 am – 5:30 pm, cost is \$225/week

Total weeks registered \_\_\_\_\_

Total amount due \_\_\_\_\_

\*\* 7<sup>th</sup> week free with full enrollment

**\$50.00 registration fee due with registration form by March 1, 2017**

Balance to be paid on the Monday of each week of attendance

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Please fill out additional information on the reverse of this form before submitting

**Parent Information:**

**Father:**

Name \_\_\_\_\_  
Home phone \_\_\_\_\_  
Work phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
E-mail \_\_\_\_\_

**Mother**

Name \_\_\_\_\_  
Home phone \_\_\_\_\_  
Work phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
E-mail \_\_\_\_\_

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**Pick-up Authorization (other than parents)**

Full name \_\_\_\_\_ Phone # \_\_\_\_\_  
Driver's License \_\_\_\_\_ State \_\_\_\_\_

Full name \_\_\_\_\_ Phone # \_\_\_\_\_  
Driver's License \_\_\_\_\_ State \_\_\_\_\_

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**List any allergies or health concerns** \_\_\_\_\_

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**Do we have a health form on file at the school?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If no, please provide on or before the first day.**

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I authorize MWS to photograph my child or myself while attending programs sponsored by MWS and agree that photographs may be used for future promotions, publicity or advertising without compensation to me or my child.

I shall hold harmless Montessori World School and any of their agents and employees from any and all liability for any accident or injury sustained by our child in connection with summer camp.

I further agree to pay in full, all tuition due for the MWS summer camp that I have registered for. If for any reason, my child is unable to attend, I understand that I am entitled to a 50% credit if I give Written notification two weeks or more prior to the scheduled start date.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name