



Summer Camp Registration for 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 _____

** 7th week free with full enrollment

\$50.00 registration fee due with registration form by March 31, 2017

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

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

Parent Information:

Father:

Mother

Name _____

Name _____

Home phone _____

Home phone _____

Work phone _____

Work phone _____

Cell phone _____

Cell phone _____

E-mail _____

E-mail _____

Pick-up Authorization (other than parents)

Full name _____

Phone # _____

Driver's License _____ State _____

Full name _____

Phone # _____

Driver's License _____ State _____

List any allergies or health concerns _____

Do we have a health form on file at the school? Yes _____ No _____

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

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