Morningside Montessori School

Montessori Summer Camp 2019

**June 3rd, 2019 – June 28th, 2019**

**REGISTRATION FORM**

Children enrolled in our Montessori Summer Camp program will enjoy a summer full of art activities, splash days & continued Montessori lessons.

Enrichment activities include: yoga, gardening, water play, special visitors, and much, much, more!!!

**ENROLLMENT INFORMATION (Please check all that apply.)\***

I would like to attend Camp the following portion/portions. There is a non-refundable registration fee of **$25.00/per student.**

**🞎** Half Day 8:30 a.m. - 12:00 p.m. **$300.00** per week **🞎** Full Day 8:30 a.m. -   3:00 p.m**. $350.00** per week

**🞎** Half Day 8:30 a.m. - 12:00 p.m. **$1,167.00** **month**  **🞎** Full Day 8:30 a.m. -   3:00 p.m. **$1,195.00 month**

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| * **Week 1**   Monday, June 3rd  – Friday, June 7th | * **Week 2**   Monday June10th  – Friday June 14th | * **Week 3**   Monday June 17th  – Friday June 21st | * **Week 4**   Monday June 24th  – Friday June 28th |

**CHILD INFORMATION (Please print legibly.)\***

**First Name: \_\_\_\_\_\_ Last Name: \_\_\_\_ ­­­­­­­­ \_ ­­­­­ ­­­­Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender: 🞎 Female 🞎 Male DOB: \_ \_\_/\_\_\_\_\_/\_\_\_**  **Age: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current School/Daycare: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_**

**Is your child enrolled in MMS for the 2019-2020 School year? 🞎 Yes 🞎 No**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Street) (Apt/Unit#)**

**(City) (State) (Zip code)**

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| --- | --- |
|  |  |

PARENT/FAMILY INFORMATION (Please print legibly.)\*

**Child Lives With: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Secondary phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person’s authorized to pick up child:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(\*Please provide a copy of their ID)**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(\*Please provide a copy of their ID)**

**Specify any of your child’s health problems or other helpful information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your child on any medication? 🞎 Yes 🞎 No**

**If so, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Please return this form WITH registration fee ($25.00/per student/month) by May 17, 2019 .**

Morningside Montessori School

Montessori Summer Camp 2019

**July 1st, 2019 - July 26th, 2019**

**REGISTRATION FORM**

Children enrolled in our Montessori Summer Camp program will enjoy a summer full of art activities, splash days & continued Montessori lessons.

Enrichment activities include:yoga, gardening, water play, special visitors, and much, much, more!!!

**ENROLLMENT INFORMATION (Please check all that apply.)\***

I would like to attend Camp the following portion/portions. There is a non-refundable registration fee of **$25.00/per student.**

**🞎** Half Day 8:30 a.m. - 12:00 p.m. **$300.00** per week **🞎** Full Day 8:30 a.m. -   3:00 p.m**. $350.00** per week

**🞎** Half Day 8:30 a.m. - 12:00 p.m. **$1,167.00 month** **🞎** Full Day 8:30 a.m. -   3:00 p.m. **$1,195.00 month**

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| --- | --- | --- | --- |
| * **Week 1**   Monday, July 1st  – Friday, July 5th | * **Week 2**   Monday July 8th  – Friday July 12th | * **Week 3**   Monday July 15th  – Friday July 19th | * **Week 4**   Monday July 22nd  – Friday July 26th |

**CHILD INFORMATION (Please print legibly.)\***

**First Name: \_\_\_\_\_\_ Last Name: \_\_\_\_ ­­­­­­­­ \_ ­­­­­ ­­­­Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender: 🞎 Female 🞎 Male DOB: \_ \_\_/\_\_\_\_\_/\_\_\_**  **Age: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current School/Daycare: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_**

**Is your child enrolled in MMS for the 2018-2019 School year? 🞎 Yes 🞎 No**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Street) (Apt/Unit#)**

**(City) (State) (Zip code)**

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PARENT/FAMILY INFORMATION (Please print legibly.)\*

**Child Lives With: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Secondary phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person’s authorized to pick up child:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(\*Please provide a copy of their ID)**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(\*Please provide a copy of their ID)**

**Specify any of your child’s health problems or other helpful information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your child on any medication? 🞎 Yes 🞎 No**

**If so, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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