

Garden Montessori School

Summer Camp 2010

(Please return with your \$50 non-refundable registration fee)

Student's full name _____ Child's Birthday _____

Address _____

City _____ State _____ Zip _____

Mother/Legal Guardian

Father/Legal Guardian

Mother's Name _____ Father's Name _____

Home Phone _____ Father's Home Phone _____

Cell Phone _____ Father's Cell Phone _____

Work Phone _____ Father's Work Phone _____

Main Email: _____

Program Desired:

Toddler Program

(18months- 3years)

- 3-Days m t w th f
- 5-Days
- Half Day (9am-12pm)
- Full Day (9am-3pm)
- Ext Day (7am-6:30pm)
- Before School (7am-8:45am)
- After School (3pm-6:30pm)

Early Childhood Program

(3years- 6years)

- 3-Days m t w th f
- 5-Days
- Half Day (9am-12pm)
- Full Day (9am-3pm)
- Ext Day (7am-6:30pm)
- Before School (7am-8:45am)
- After School (3pm-6:30pm)

Please check all weeks your child will attend.

_____ Session I Rainforest Camp

June 14th – June 18th
June 21st – 25th

_____ Session II Ocean Camp

July 6th – July 9th (CLOSED July 5th)
July 13th – July 17th

_____ Session III Dinosaur Camp

July 12th – July 16th
July 19th – July 23rd

_____ Session IV African Safari Camp

July 26th – July 30th
Aug 1st – Aug 6th

_____ Session V Holiday Care
(12-Month Extended Day Students ONLY)

Aug 9th – 13th

GARDEN MONTESSORI SCHOOL, LLC - AUTHORIZATION & RELEASE FORM

Student's Name: _____ Date of Birth: _____

Allergies, special dietary needs or other health information: _____

Medications taken routinely (list exact medication, exact dosage amount, and exact time that each dosage should be administered):

A. Authorization and consent to Medical Treatment. In the event my child becomes ill or injured at school or in a school-related event and I cannot be contacted, Garden Montessori School, LLC is authorized to take **one or more** of the following actions:

1) Release my child to the person(s) listed below:

NAME: _____ NAME: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

HOME: _____ HOME: _____

CELL: _____ CELL: _____

2) Take my child to a hospital and/or release my child to emergency medical personnel and hereby give consent for emergency care.

Doctor's Name: _____ Office Number: _____

Preferred Hospital: _____

Dentist's Name: _____ Office Number: _____

I hereby give my consent to Garden Montessori School, LLC, to secure and provide any medical attention that may be necessary for my child named above during the period when I cannot be contacted. I further agree to assume full financial responsibility for any and all medical expenses incurred on behalf of my child under conditions described herein.

Signature of Parent / Legal Guardian

I, the parent/legal guardian of the applicant child, do hereby acknowledge and give permission to Garden Montessori School, LLC for all the following:

Field Trips: I give my permission for my child, to participate in school-sponsored field trips during the summer of 2009 and the 2009-10 academic school year. I understand that notification will be sent home prior to all planned field trips and that I may withdraw my permission in writing for a planned trip if I so desire. I understand that there will be adult supervision on every trip and those trips, which require precautions, will be taken to prevent injuries and accidents during the trip. However, I will not hold the school, its staff or the owners of the vehicles transporting the children responsible or liable in the event of any injury or accident occurring during any travel to or from such trip, or during any such trip.

Photo Release: This will confirm your permission for GMS to have the right to use, broadcast and/or publish my child, as described above. If you do **NOT** want to give GMS permission or the right to use, broadcast and/or publish photographs of my child, then please initial the line below. _____ NO, I am not granting the above permission to GMS.

Know Your Child's Day Care Center Brochure: I have received and read a copy of Know Your Child's Day Care Center Brochure.

Influenza Virus and the Flu: I have received and read a copy of Influenza Virus, The Flu "A Guide to Parents" Brochure.

Disciplinary Practices: I have read and understand the following disciplinary practices which are contained GMS Parent Handbook.

Parent/Legal Guardian Signature: _____ Date: _____