

Summer Program Registration Form

Student's Name

Birth date _____

Address

Home Telephone

Parent(s)' e-mail address _____

Program:

Session 1 (6/24-7/12) _____ **Plan A__ , B__ , C__**

Session 2 (7/15-8/2) _____ **Plan A__ , B__ , C__**

Session 3 (8/5 – 8/16) _____ **Plan A__ , B__ , C__ (two weeks)**

Deposit \$300

Deposit will be credited towards the tuition of the first session attended.

Tuition for each session is due by the first day of the session.

***Please fill out Emergency Medical Authorization, Pick Up Authorization and Field Trip/ Activities Permission if your child is NOT currently enrolled at Montessori Language Academy**

Emergency Medical Authorization

Student's name _____

Last

First

MI

Mother _____

Daytime phone () _____ () _____

Father _____

Daytime phone () _____ () _____

Other name _____ Daytime phone () _____

I hereby affirm and certify:

1. that I am the parent/legal guardian of the above named child.
2. that my child is a student enrolled in Montessori Language Academy.
3. that I grant my permission to the staff of the aforementioned school to give emergency first aid treatment in the case of an accident.
4. that I grant my permission to the staff of the aforementioned school, in case of emergency, to authorize medical treatment by hospitals, doctors, nurses, paramedics or other competent professionals, if neither I nor the child's other parent (or legal guardian) can be reached in a timely fashion. In such case I understand that I will be responsible for payment of treatment and cost of emergency vehicle (if it is deemed necessary that one be called).

Signed _____

Date _____

Name Print _____

Health conditions/concerns

Health condition _____

Routine Medication _____

Allergies _____

Food restrictions _____

Physician's Name _____ Phone _____

Address _____

Pick-up Authorization

Student's name _____

List of Authorized persons

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Note: _____

List of Unauthorized persons

Name _____ Relationship _____

Name _____ Relationship _____

I understand that my child will not be released to anyone whose name is not on the list, and that I must submit a new list if this information changes.

I agree to notify the staff of Montessori Language Academy of any changes in pickup schedules (time/person/car pool arrangement) in writing as soon as it arises.

I agree to be responsible for the late pick-up fees of \$10.00 per occurrence. Late pick-up fees will be billed monthly as surcharges. The school reserves the right to revise the late pick-up rates at any time.

(Parent/Guardian Signature)

(Date)

Field Trip/ Activities Permission

1. I give permission for my child _____, to participate in school-sponsored field trips during the Summer Program. I understand that notification will be sent home prior to all planned field trips and that I may withdraw my permission for a planned trip if I so desire.

2. I give permission for Montessori Language Academy staff to take my child to the Forest Park public playground at Circle and Randolph during outdoor play time. I understand that at least 2 adults will accompany the group of children to the playground and supervise children closely during that time.

3. I grant permission for my child to be included in school photographs taken at Montessori Language Academy sponsored activities in connection with the school's publicity.

Signed _____

Date _____