

2023 Summer Camp Registration Form

Student's Name _____

Birth date _____ Age as of July 2023 _____

Address _____

Telephone _____

Parent (1) _____ Parent (2) _____

Parent(s)' e-mail address _____

Tuition and plans

Please check

Session I (June 26-July 14) – 3 weeks- (NO class on July 4 th)	Plan A (~12:30pm)	\$700	___
	Plan B (~3:30pm)	\$880	___
	Plan C (~6:00pm)	\$985	___
Session 2 (July 17 – Aug. 4) – 3 weeks-	Plan A (~12:30pm)	\$750	___
	Plan B (~3:30pm)	\$930	___
	Plan C (~6:00pm)	\$1035	___
Session 3 (Aug. 7 – Aug. 18) – 2 weeks-	Plan A (~12:30pm)	\$500	___
	Plan B (~3:30pm)	\$620	___
	Plan C (~6:00pm)	\$690	___

Tuition for each session is due by the first day of the session. If the school must close because of COVID-19, the tuition will be refunded prorated by the number of the days closed.

Emergency Medical Authorization

Student's name _____

Last

First

MI

Parent (1) _____

Daytime phone () _____ () _____

Parent (2) _____

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 school to give emergency first aid treatment in case of an accident.
4. that I grant my permission to the staff of the school, in case of an 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 manner. In such a 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/carpool arrangement) in writing as soon as possible.

I agree to be responsible for the late pick-up fees of \$15.00 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)

Activities Permission

1. 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.
2. 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.

Signed _____

Date _____

Dear MLA Parents:

We are trying to compile an emergency contact list for each child in case we need to contact the parents if they become sick or get injured while they are in school. I know we already have all of your numbers however we are trying to organize which numbers you can be best reached at first:

Please take a moment to fill in the information needed:

Child's Name _____

Which is the best number to reach either parent?

Please indicate next to each number if it is mother's or father's, cell, work or home.

1. _____

2. _____

3. _____

4. _____

Your cooperation is much appreciated.

MLA Staff.