

# SUPER FUN SUMMER CAMP

Summer Camp Registration Form

Child's Name:	Date of Birth:	Age:	Sex:
Street:		City:	Zip:
Parent/Guardian:		Relationship:	
Home Phone:		Day Phone:	Other Phone:

My child is registered for the following programs in increments of 2weeks. A 50% deposit and processing fee is required on day of initial registration. All other balances will be due on the first day child attends camp.

**PROCESSING FEE, DEPOSITS OR TOTAL TUITION IS NON-REFUNDABLE ONCE PAID!**

	June 21- July 2	July 5-16	July 19-30	August 2-13
Toddler Program Full Day/Half Day				
English Ch. House Full Day/Half Day				
Spanish Ch. House Full Day/Half Day				
Elementary Program				

Persons OTHER than parent/guardian authorized to pick up child:

1. Name and phone number	2. Name and phone number
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## Health History

In case of an emergency call these people in this order is parent/guardian CAN NOT be reached

1		Phone	Relation
2		Phone	Relation
3		Phone	Relation

List any Medial Problems: \_\_\_ None  
\_\_\_ Yes, please explain:

**Immunization:** The Department of Health requires an ORIGINAL COPY of the immunization record up to date and for you to fill in the following information.

Does your child have any allergic reactions to:

Medication	Yes	_____	No	_____	Explain:	_____
Bee Sting, insect bites or plants	Yes	_____	No	_____	Explain:	_____
Food:	Yes	_____	No	_____	Explain:	_____
<b>Other</b>	Explain: _____					

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please read, fill and sign other side)

## More Information

Name of child: _____	Date of birth: _____
Physician: _____	Phone: _____
Please provide mosquito repellent and sunscreen for your child, or apply at home. _____	
Can we re-apply sunscreen: _____	Yes: _____ No: _____
Any condition requiring medication: _____ medication: _____	
<b>*All medication must be given to the administration and should be in its original container.</b>	
<b>NO REFUNDS ON TUITION, DEPOSITS OR PROCESSING FEE.</b>	
<b>I have read, understand and agree with the information provided.</b>	
I am registering my child to participate at the Summer Camp at Mt. West Montessori and filled out this with the correct information and given permission to Mt. West Montessori to secure proper treatment including hospitalization and treatment for my child in case any of the above emergency contacts cannot be reached.	
Signature: _____	Date: _____
Print name: _____	

Administrative Notes:	Processing Fee: _____ Total Program Cost: _____ Deposit: _____ Amount Paid and Date: _____ Balance: _____
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