

The Children's Summer House 2025 (3-7 year-olds)

I would like to enroll my child, _____, in

The Children's Summer House for the following sessions:

June 9 - June 27 _____

July 7 - July 25 _____

July 28 - Aug 15 _____

Half-Day (9:00 -12:00) _____ **OR** Full-Day (9:00 - 3:00) _____

I will usually need extended care for the following hours:

Morning Care: 8:00 - 8:30 _____ 8:30 - 9:00 _____

Aftercare: 3:00 - 3:30 _____ 4:00 - 4:30 _____ 3:30 - 4:00 _____ 4:30 - 5:00 _____

I AM ENCLOSING A **NON-REFUNDABLE DEPOSIT OF \$100** TO BE DEDUCTED FROM MY FINAL BILL.

EMERGENCY INFORMATION (PLEASE PRINT CLEARLY)

Child's Name _____ Birthday _____ Age _____ Sex _____

Parent's Name _____ Phone Number _____

Place of Employment _____ Work Phone _____

Parent's Name _____ Phone Number _____

Place of Employment _____ Work Phone _____

Emails _____ / _____

Billing Address _____ City _____ Zip _____

Other people who can pick up my child: _____

Person to notify in an emergency (***if parents cannot be located***):

Name _____ Phone _____ Relationship _____

Hospital Preference _____

Childhood Diseases _____

Significant illness or physical handicaps or allergies _____

Specify limitations in activities _____

Other comments _____

I give **University Montessori School / The Children's Summer House** permission to administer/seek emergency medical treatment for my child.

Parent's signature _____ **Date** _____