

# Camp Cricket 2022 (2 year-olds)

I would like to enroll my child, \_\_\_\_\_, in *Camp Cricket* for the following sessions:

June 13 – July 1 \_\_\_\_\_

July 11- July 29 \_\_\_\_\_

Aug 1 - Aug 19 \_\_\_\_\_

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

I will usually need extended care for the following hours:

Morning: 8:00 - 8:30 \_\_\_\_\_ Afternoon: 3:00 - 3:30 \_\_\_\_\_ 4:00 - 4:30 \_\_\_\_\_  
8:30 - 9:00 \_\_\_\_\_ 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 \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Number \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Emails \_\_\_\_\_ / \_\_\_\_\_

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 / *Camp Cricket* permission to administer/seek emergency medical treatment for my child.

**Parent's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

University Montessori School does not discriminate on the basis of race, color, national or ethnic origin, gender or handicap in administration of its educational policies, admission policies or other school administered programs.