

The Children's Summer House 2026 (3-7 year-olds)

I would like to enroll my child, _____, in
The Children's Summer House for the following weeks:

June 8 - June 12 ___ June 15 - June 19 ___ June 22 - June 26 ___

July 6 - July 10 ___ July 13 - July 17 ___ July 20 - 24 ___ July 27 - July 31 ___

Aug 3 - Aug 7 ___ Aug 10 - Aug 14 ___ **CAMP IS CLOSED June 29 - July 3**

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 ___ 3:30 - 4:00 ___ 4:00 - 4:30 ___ 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** _____