

# The Children's Summer House 2024 (3-7 year-olds)

I would like to enroll my child, \_\_\_\_\_, in  
**The Children's Summer House** for the following sessions:

June 10 - June 28 \_\_\_\_\_

July 8 - July 26 \_\_\_\_\_

July 29 - Aug 16 \_\_\_\_\_

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 \_\_\_\_\_

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** \_\_\_\_\_