

Camp Cricket 2024 (2 year-olds)

I would like to enroll my child, _____, in *Camp Cricket* 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 Care: 8:00 - 8:30 _____

Aftercare: 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 Number _____

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 / *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.