

# 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.