



Summer Camp 2011 Registration Form

- *Price per child is \$75 for one week, \$125 for two weeks, and \$175 for all three weeks
- *Minimum of six students per session
- *A \$15 nonrefundable deposit, per session will secure a spot; deposit will be applied toward camp tuition
- *Please send in registration form and deposit by Friday, May 28
- *Please pay the remainder of camp tuition in full by Friday, June 4 (other payment arrangements available)
- *Space is limited!

Summer Fun for You – and Montessori too! All sessions will run **Monday-Friday**, from **9:00-11:30 a.m.**

Please check which camp sessions you will be attending:

- _____ Session One: June 13-17 Kids in Space
- _____ Session Two: June 20-24 Walking in Artist's Shoes
- _____ Session Three: June 27-July 1 Getting Around All Around the World

_____ Total Number of Camp Sessions Attending

Tuition (\$75/one week, \$125/two weeks, \$175/all three weeks) \$ _____

Deposit paid \$ _____ Balance \$ _____

Child's Name _____ Age _____

Address _____

Parent's Home Phone _____ Cell Phone _____

Parent's Name (s) _____

Emergency Contact Name and Phone _____

Medications? Yes No If yes, what? _____

Restrictions (physical or dietary)? Yes No If yes, what? _____

Allergies? Yes No If yes, what? _____

-continued on back-

-Summer Camp 2011 Registration Form, continued from other side-

Emergency Treatment

I, _____, parent/guardian of _____

do hereby give permission for my son/daughter to receive emergency medical treatment in the event of injury. I further give MCHSD staff permission to authorize emergency transportation to the nearest trauma center, Kishwaukee Hospital, unless otherwise noted:

Parent Signature _____ Date _____

Photograph Permission

I give permission for MCHSD to take and use photographs of my child _____ for educational and advertising purposes. Children will not be identified by name while using any photograph.

Parent Signature _____ Date _____

815.895.0303

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