



SUMMER CAMP APPLICATION

Start Date: _____

Child's Name: _____ DOB _____ Gender _____

Address: _____ City, State, Zip _____

Child's Pediatrician: _____ Phone: _____

Address: _____ City, State, Zip _____

Mother's Name: _____ E-mail _____

Home Phone _____ Cell: _____ Work phone _____

Home Address _____ City, State, Zip _____

Employer's Name _____ Work hours _____

Address _____ City, State, Zip _____

Father's Name: _____ E-mail _____

Home Phone _____ Cell: _____ Work phone _____

Home Address _____ City, State, Zip _____

Employer's Name _____ Work hours: _____

Address _____ City, State, Zip _____

Cell Phone Provider: Mother _____ Father _____

Emergency Contact: *

Name _____ Relationship _____

Address _____

Home phone _____ Cell _____ Work _____

Please list all persons to whom the child may be released:*

1. Name _____ Relationship _____

Address _____ Phone _____

2. Name _____ Relationship _____

Address _____ Phone _____

*if you wish additional persons to be emergency contacts or authorized to pick up your child. please add that information on a separate sheet of paper.



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SOCIAL HISTORY: Is your child adopted? _____ age at adoption: _____ Does your child know? _____

Marital Status of Parents: Single _____ Married _____ Living Together _____

Separated _____ How long _____ Divorced _____ How long _____

Stepfather _____ How Long _____ Stepmother _____ How Long _____

Custody/visiting arrangements: _____

Siblings of Child: Name _____ DOB _____ Grade in school _____

Name _____ DOB _____ Grade in School _____

By nature, is child: friendly _____ assertive _____ shy _____ withdrawn _____

What frightens your child: animals _____ storms _____ loud noises _____ strangers _____ other _____

Does child like to be read to _____ listen to music _____ ride a tricycle _____

Does your child have experience playing with other children _____

DEVELOPMENTAL HISTORY: Speech Problems _____ Hearing Problems _____

Age at which child first independently: sat _____ walked _____ slept through the night _____

named simple objects _____ repeated short sentences _____ began toilet training _____

Is child toilet trained? _____ Word used for urination: _____ bowel movement: _____

Does your child dress him/herself? _____ Undress? _____ Is child right or left handed? _____

What time does the child usually eat breakfast? _____ lunch? _____ dinner? _____

Any eating problems? _____ Is the family vegetarian? _____ Any food allergies? _____

Likes milk _____ cold _____ warm Likes to play with water? _____ go barefoot? _____

What time does your child go to bed at night? _____ awaken? _____ does child sleep well? _____

Take a nap? _____

Favorite indoor play activities? _____ Outdoor play activities? _____

Does child have any other problems that we should be aware of? _____

What method of behavior control/discipline is used in your home? Please explain: _____

In what particular ways can we help your child? _____

What are your expectations of our program? _____

I agree to register to my child : _____ at Busy Bees Montessori School Summer Camp for 11 weeks starting on _____ and ending on _____.

From _____ to _____ The Following days: **M T W Th F**

All provisions of the Enrollment Information, including the Tuition, Hours, and Fees Provisions of this Document are expressly incorporated into this Contract and by signing this Contract the Undersigned expressly bind themselves to all obligations on their part to be fulfilled.

Your signature on this Contract grants Busy Bees Montessori School, without more, permission for the following:

1. To allow paramedics to take your child to the nearest hospital for emergency treatment and you will be responsible for the emergency medical charges.
2. To use your child's photograph for purposes of school publicity and on the school's website unless you have specifically and in writing stated that your child's photograph may not be so used.
3. To take your child on walking excursions around the neighborhood with other written permission.
4. To allow staff to apply first aid and CPR when necessary.
5. To allow staff to apply to your child topical ointment when necessary.
6. To have your child nap daily.
7. To participate on school fundraisings. (Parents)
8. To administer prescribed medicine to your child as specified in the prescription's directions for administration and as specified by a physician's note.
9. To administer over the counter medicine to your child as specified on written instructions signed by a parent/guardian or your child's physician.

I consent to the School commissioning an Integrated Pest Management program the first Friday of each month.

I have read the entire enrollment, application and contract forms, and I understand their contents. I have filled out all forms honestly and completely, and agree to their terms and conditions.

GUARANTEE OF PAYMENT: I acknowledge that all tuition, fees, and deposits are non-refundable as set forth herein. In the event of any breach by the undersigned of the terms and conditions of this Contract, the undersigned agree(s) to pay all attorney's fees, court costs, and/or collection agency fees or commissions. All parents/guardians must sign this Contract and agree to its terms and conditions.

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE

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