



**SUMMER CAMP | 2014**

Child's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's contact #: \_\_\_\_\_ Father contact#: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Child's Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies or special needs? \_\_\_\_\_

\_\_\_\_\_

We look forward to providing your child with fond summer memories. Thank you for your patronage.

Sincerely,  
Jennifer Papp  
Greenhouse Montessori

**Agreement**

\*\*I, \_\_\_\_\_ (parent's name) give Greenhouse Montessori authorization to call for medical help in case of emergency on behalf of my child, \_\_\_\_\_. I understand that I will be notified immediately should an emergency arrive, but in my absence, Greenhouse Montessori will take action suitable to the needs that arise. I understand that I am responsible for any charges and medical coverage that apply to my child, including but not limited to, ambulance and hospitalization.

**\*\*I am including a non-refundable \$150 registration fee**

\*\* I understand that summer payment is due in full by **May 20th, 2014**. If not received, I have forfeited my space and registration fee.

\*\*Camp hours are from 8:15-11:30, or 8:15-2:50 Any child left on premise after 11:35 for half day, or 2:55 for full day will be charged \$10 per 10 minutes. In the event that late pick-ups exceed 3 times within a session, the child will be dismissed from the program without refund.

\*\* I will apply sunscreen to child prior to coming to camp EACH DAY.

\*\*I will drop off my child at their camp room each morning and sign them in. I will pick up my child from their camp room AFTER I HAVE SIGNED THEM OUT.

Greenhouse Montessori will only release children to other parties with written consent from the parent in ADVANCE. It is expected that children will be picked up and dropped off by the same person. Any changes (grandparents, carpool, other parents) will only be allowed if set up in ADVANCE.

\*\*I will submit this form as well as the Emergency Information and Immunization Record Card upon enrollment. I understand that my child will not be admitted to the program without these forms submitted by May 20, 2014.

\*\*Greenhouse Montessori reserves the right to dismiss any child from the program for inappropriate behavior including, but not limited to, violence, profanity, unsportsmanship, or bullying, without program refund.

I comply with the above conditions. If at any time my child or I do not follow the above conditions, the program may be ended at the discretion of Greenhouse Montessori.

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Parent's name printed

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Parent's signature

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Date