



Grace Montessori School

2010 SUMMER CAMP APPLICATION

A non-refundable fee of **\$50 per family** must accompany application due March 1.

		DATE OF APPLICATION										
NAME OF CHILD (Last Name, First Name)	CHECK ONE: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	BIRTH DATE										
ADDRESS (Please include Street Address, City, State & Zip Code)												
SCHOOL DISTRICT	COUNTY											
MOTHER'S NAME – OR LEGAL GUARDIAN (Last Name, First Name)	FATHER'S NAME – OR LEGAL GUARDIAN (Last Name, First Name)											
MOTHER'S HOME ADDRESS	HOME PHONE	CELL PHONE										
FATHER'S HOME ADDRESS	HOME PHONE	CELL PHONE										
MOTHER'S BUSINESS NAME & ADDRESS	BUSINESS PHONE											
FATHER'S BUSINESS NAME & ADDRESS	BUSINESS PHONE											
NAME & ADDRESS OF CHILD'S PHYSICIAN OR SOURCE OF MEDICAL CARE	PHONE NO.											
EMAIL ADDRESS FOR COMMUNICATION PURPOSES												
LIST ALL SPECIAL MEDICAL, EDUCATIONAL OR DIETARY NEEDS NECESSARY FOR DAILY & EMERGENCY MANAGEMENT– I.E., ALLERGIES, MEDICATIONS, SPECIAL CONDITIONS/DISABILITIES.												
IF YOUR CHILD HAS NOT BEEN ENROLLED AT GMS DURING THE 2009-2010 SCHOOL YEAR, A COMPLETED HEALTH ASSESSMENT FORM WILL BE REQUIRED.												
If your child is 4.5 or younger and enrolled in the full-day program, do you want them to nap? Yes No												
SIGNATURE OF PARENT OR GUARDIAN												
SESSION:	TIME:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Extended Care:</td> <td style="width: 50%;">Billed in ½ hour increments</td> </tr> <tr> <td>Extended care hours:</td> <td></td> </tr> <tr> <td>8:00am – 8:30am</td> <td>3:00pm – 5:00pm</td> </tr> <tr> <td>Choose drop off time:</td> <td>Choose pick up time:</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Extended Care:	Billed in ½ hour increments	Extended care hours:		8:00am – 8:30am	3:00pm – 5:00pm	Choose drop off time:	Choose pick up time:	_____	_____
Extended Care:	Billed in ½ hour increments											
Extended care hours:												
8:00am – 8:30am	3:00pm – 5:00pm											
Choose drop off time:	Choose pick up time:											
_____	_____											
Session I () June 28 – July 9	() 8:30am – 12:00pm () 8:30am – 3:00pm											
Session II () July 12 – July 23	() 8:30am – 12:00pm () 8:30am – 3:00pm											
Session III () July 26 – Aug. 6	() 8:30am – 12:00pm () 8:30am – 3:00pm											
Session IV () Aug. 9 – Aug. 20	() 8:30am – 12:00pm () 8:30am – 3:00pm											

New students enrolling in the summer program will be subject to an intake evaluation. Entrance into the summer program will be based upon the student's intake evaluation. A contract will then be prepared for signing.