

Meeting House Montessori School

SUMMER PROGRAM REGISTRATION

TO THE PARENT(S) OR GUARDIAN: This form allows our staff to conveniently access your child's information for enrollment purposes and in the event of an emergency.



Culinary Arts Camp – June 24, 2019 – July 5, 2019

PROGRAM:
(circle one)

5 DAY (M-F)
8:30 a.m. - 3:30 p.m.

5 DAY (M-F)
7:00 a.m. - 6:00 p.m.

CHILD'S NAME (LAST, FIRST): _____

DATE OF BIRTH: _____ PHONE #: _____

STREET CITY STATE ZIP CODE

PARENT(S) OR GUARDIAN(S) LEGALLY RESPONSIBLE FOR CHILD:

NAME: _____ NAME: _____

STREET: _____ STREET: _____

CITY STATE ZIP CODE CITY STATE ZIP CODE

While my child is attending Culinary Camp, I can be reached at:

Location: _____ Location: _____

Phone #: _____ Phone#: _____

E-mail: _____ E-mail: _____

Special
Instructions: _____

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EMERGENCY CONTACT PERSON & AUTHORIZED PICK UP: You are required to have at least 1 person who may assume responsibility of your child in an emergency if the parent/guardian cannot be reached immediately. Use additional sheets as necessary.

NAME: _____ RELATIONSHIP: PHONE #: _____

NAME: _____ RELATIONSHIP: PHONE #: _____