



SUMMER SESSION & EMERGENCY CONTACT INFORMATION

CHILD'S NAME (LAST, FIRST)	DATE OF BIRTH	HOME PHONE	
ADDRESS	CITY	STATE	ZIP
START DATE	END DATE	CHILD'S AGE	

**Contact North End Montessori for Information about Summer Session programs/options:
Call 603.621.9011 or online www.northendmontessori.com**

SELECT FROM THE FOLLOWING PROGRAM OPTIONS

<input type="checkbox"/> 5 DAY (M-F)	<input type="checkbox"/> 3 DAY (M-W-F)	<input type="checkbox"/> 2 DAY (T-Th)	<input type="checkbox"/> OTHER (Please Inquire Before Selecting) DAYS: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
<input type="checkbox"/> 8:30 a.m. – 12:00 p.m. <input type="checkbox"/> 8:30 a.m. – 3:30 p.m. <input type="checkbox"/> 7:00 a.m. – 6:00 p.m. * (*Includes before & after care)	<input type="checkbox"/> 8:30 a.m. – 12:00 p.m. <input type="checkbox"/> 8:30 a.m. – 3:30 p.m. <input type="checkbox"/> 7:00 a.m. – 6:00 p.m. * (*Includes before & after care)	<input type="checkbox"/> 8:30 a.m. – 12:00 p.m. <input type="checkbox"/> 8:30 a.m. – 3:30 p.m. <input type="checkbox"/> 7:00 a.m. – 6:00 p.m. * (*Includes before & after care)	<input type="checkbox"/> 8:30 a.m. – 12:00 p.m. <input type="checkbox"/> 8:30 a.m. – 3:30 p.m. <input type="checkbox"/> 7:00 a.m. – 6:00 p.m. * (*Includes before & after care)

EMERGENCY/CONTACT INFORMATION

PARENT(S)/GUARDIAN(S) NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE	CELL	
E-MAIL		

PARENT(S)/GUARDIAN(S) NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE	CELL	
E-MAIL		



SUMMER SESSION & EMERGENCY CONTACT INFORMATION

PREFERRED CONTACT (when child is at school)

PEFERRED CONTACT (when child is at school)

ADDITIONAL EMERGENCY CONTACT & AUTHORIZED PICK UP

Please list at least 1 person who may assume responsibility of your child in an emergency if the parent(s)/guardian(s) cannot be reached. Use additional sheets if necessary.

NAME

RELATIONSHIP

PHONE

NAME

RELATIONSHIP

PHONE

PARENT/GUARDIAN SIGNATURE

DATE

