



# NORTH END Montessori School

## SPECIALTY SUMMER CAMP & EMERGENCY CONTACT INFORMATION

\_\_\_\_\_  
CHILD'S NAME (LAST, FIRST)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
CHILD'S AGE

\_\_\_\_\_  
SPECIALTY CAMP TITLE (ex: Theatre/Culinary)

\_\_\_\_\_  
START DATE

\_\_\_\_\_  
END DATE

**Contact North End Montessori for Information about Specialty  
Summer Camp programs/options:  
Call 603.621.9011 or online [www.northendmontessori.com](http://www.northendmontessori.com)**

### EMERGENCY/CONTACT INFORMATION

\_\_\_\_\_  
PARENT(S)/GUARDIAN(S) NAME

\_\_\_\_\_  
PARENT(S)/GUARDIAN(S) NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
CELL

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
CELL

\_\_\_\_\_  
E-MAIL

\_\_\_\_\_  
E-MAIL

\_\_\_\_\_  
PREFERRED CONTACT (when child is at school)

\_\_\_\_\_  
PEFERRED CONTACT (when child is at school)



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### 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	