



SUMMER PROGRAM 2011 REGISTRATION
(Please print clearly and complete both sides of the Registration Form)

Child's name _____ Date of Birth _____
 Parent(s)/Guardian(s) _____ Home Phone _____
 Address _____
 Cell Phone(s) _____ Business Phone(s) _____
 E-mail(s) _____

CHECK THE PROGRAM(S) AND SESSION(S) OF YOUR CHOICE:

		Mornings 8:30-12:30	Full Day 8:30 - 4:00	A.M. Care 7:30 - 8:30	P.M. Care 4:00 - 5:30	Daily Rate (for 3 days or less per week)
Session		\$90/80*	\$150/135*	\$20/18*	\$30/27*	\$40/36* per day
1	June 20-24					M T W Th F
2	June 27- July 1					M T W Th F
3	July 5-8	\$72/64*	\$120/108*	\$16/14*	\$24/22*	M T W Th F
4	July 11-15					M T W Th F
5	July 18-22					M T W Th F
6	July 25-29					M T W Th F
7	August 1-5					M T W Th F
8	August 8-12					M T W Th F

***Early Bird Rate: must be paid in full by June 1, 2011**

- **Payment is due one week prior to the beginning of the weekly session.** Please make check payable to **Kennebec Montessori School.** We appreciate your prompt payment. Children will not be permitted to attend a session for which payment has not been received in full.
- Refunds will not be given for registered days not used.
- We encourage you to make your plans in advance, but do realize that unforeseen circumstances do arise. **Where space is available,** we will make every effort to accommodate additional requests for attendance, **with a minimum of 24 hours notice. Payment will be due upon arrival.** Hourly, drop-in day care will not be available. We apologize for any inconvenience.
- Space is limited. Priority will be given to full-week registrations.

KENNEBEC MONTESSORI SCHOOL SUMMER PROGRAM 2011 REGISTRATION FORM- 2

As a parent of _____, who is a student at the Kennebec Montessori School Summer Program, I give my permission for the following:

1. Person(s) authorized to take child from school (include car pool drivers)

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

2. In case of an emergency my child may be transported to: _____ or nearest hospital and receive treatment deemed necessary by attending physicians while efforts are made to reach me.

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Known medical problems/illnesses _____

Allergies _____

Please provide phone number(s) where you can be reached in the event of an illness/emergency:

Phone: _____

Phone: _____

Person(s) to contact in an illness/emergency **(when parent cannot be reached)**

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

3. I understand that I will be fully responsible for all expenses resulting from the emergency treatment and/or transportation of my child.

4. My child may be transported in the cars of assisting parents or by a transportation company while on summer field trips.

5. My child **may/may not be (please circle one)** photographed during summer program and on field trips by school personnel and that photograph may/ may not be used for educational presentations and/or publicity.

6. My child may **have/not have (please circle one)** Sunscreen (SPF 30) and /or Insect Repellent applied as needed.

Is there anything else that you feel it is important for the school to be aware of: _____

I understand that in signing this Registration Form I accept the terms as stated.

Parent(s)/Guardian(s) _____

Date _____

Statement of Non-discrimination

The Kennebec Montessori School does not discriminate on the basis of race, color, gender, religion, national or ethnic origin, disability, marital status, or sexual orientation in administration of its educational, admissions, or hiring policies.