



WINDSOR MONTESSORI SCHOOL
MILO W. PECK CHILD DEVELOPMENT CENTER
114 PALISADO AVENUE
WINDSOR, CT 06095

Registration Form
Montessori Toddler Summer Camp 2014

Ages: 18 months to 3 years

Schedule: 8:30 AM - 12:00 PM

The cost is \$160.00 per week for the half day sessions. This form must be accompanied by \$160.00 payable to the Windsor Montessori School. This payment will be applied to your child's first week of camp.

Camper's Name: _____	Date of Birth: _____
Address: _____	Home phone: _____
Parent/Guardian Name: _____	Work: _____ cell: _____
Parent/Guardian Name: _____	Work: _____ cell: _____
Emergency Contact: _____	Telephone #: _____
Emergency Contact: _____	Telephone #: _____
Doctor: _____	Dr.'s Phone #: _____
Medical Information: (i.e. allergy, medication, etc.) _____	

Week(s): (Please check) *Note: Camp is closed on Friday, July 4th.*

<input type="checkbox"/> 6/23 - 6/27	<input type="checkbox"/> 6/30 - 7/4	<input type="checkbox"/> 7/7 - 7/11	<input type="checkbox"/> 7/14 - 7/18
<input type="checkbox"/> 7/21 - 7/25	<input type="checkbox"/> 7/28 - 8/1	<input type="checkbox"/> 8/4 - 8/8	<input type="checkbox"/> 8/11 - 8/15

****YOU ARE OBLIGATED TO PAY FOR THE WEEKS CHECKED****

Parent's signature

Date

Windsor Montessori School verification

Date

If you should have any questions concerning the Windsor Montessori School registration procedures, please contact Laura Casey at 285-1400 x 1.

PERMISSION SLIPS

I hereby acknowledge that I am responsible for payment for the weeks and fees indicated on the front of this form. Payment is due **on** the first day of each camp week. I understand that if payment is not received by that date, my child will not be able to attend until payment is received in full with a \$30 late fee added per week. A finance charge of 10% per month will be assessed on any unpaid balance.

Parent's Signature: _____ Date: _____

I hereby give permission for the following person(s) to pick up my child from the Windsor Montessori School:

Name	Address	Telephone
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Name	Address	Telephone
<i>*If someone other than the persons listed above will be picking up your child, send in a signed permission slip stating who will be picking up your child.</i>		

Parent's Signature _____ Date _____

I hereby give permission for my child to receive transportation & emergency treatment at the closest hospital.

Parent's Signature _____ Date _____

I hereby give permission for my child to receive first aid treatment for minor injuries from Windsor Montessori School staff. Written permission is required for the application of any topical ointments.

Parent's Signature _____ Date _____

I hereby consent that the Town of Windsor or any person authorized by the Town may use photographic, videotape images and/or voice recordings, and classroom work in which my child may be included in whole or in part for any purpose they find appropriate for the purposes of creating promotional material.

Parent's Signature _____ Date _____

I hereby give permission for my child to participate in field trips on foot as scheduled and posted by Windsor Montessori School.

Parent's Signature _____ Date _____