



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**

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	