

# North End Montessori School

## SUMMER PROGRAM REGISTRATION

**TO THE PARENT(S) OR GUARDIAN:** This form allows our staff to conveniently access your child's information for enrollment purposes and in the event of an emergency.



### Culinary Arts Camp – June 19, 2017 – June 30, 2017

**PROGRAM:** 5 DAY (M-F)  
8:30a.m. – 3:30 p.m. (\$185.00/week)  
7:00 a.m. – 6:00 p.m. (\$200.00/week)

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

**DATE OF BIRTH:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

\_\_\_\_\_  
**STREET** **CITY** **STATE** **ZIP CODE**

**PARENT(S) OR GUARDIAN(S) LEGALLY RESPONSIBLE FOR CHILD:**

**NAME:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

**STREET:** \_\_\_\_\_ **STREET:** \_\_\_\_\_

\_\_\_\_\_  
**CITY** **STATE** **ZIP CODE** **CITY** **STATE** **ZIP CODE**

**While my child is attending North End Montessori School, I can be reached at:**

**Location:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

#### Special

#### Instructions:

**EMERGENCY CONTACT PERSON & AUTHORIZED PICK UP:** You are required to have at least 1 person who may assume responsibility of your child in an emergency if the parent/guardian cannot be reached immediately. Use additional sheets as necessary.

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_