

Meeting House Montessori & 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.



Theater Camp – July 3, 2017 – July 14, 2017 Production – Saturday, July 15, 2017

PROGRAM: 5 DAY (M-F)
7:00 am – 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 #: _____