



Summer Camp Registration Form 2019

Montessori Academy

www.scottmontessoriacademy.com

scottmontessoriacademy@gmail.com

189 Sams Street

Suite A

Decatur, GA 30030

(404) 320-0400

Summer Hours 7 AM - 6 PM

Child's Name: _____ Date of Birth: _____ Sex: _____

Child's Address: _____ City: _____ Zip: _____ Home Phone: _____

Summer Sessions:

_____ Greening School Grounds and Beyond/The Beauty of Nature (May 30 to June 26)

_____ From the Garden/To the Table (June 27 to July 31)

Program: _____ Toddler (14 mo – 3 yr)

_____ Primary (3 yr – 6 yr)

_____ All Day (7:00 AM – 6:00 PM)

_____ Full Day (8:30 AM – 3:00 PM)

_____ Half Day – Toddlers only (8:30 AM – 12 Noon)

_____ Early Bird (7:00 AM – 8:30 AM Full/Half day

only) _____ Late pick up (3:00 PM – 6:00 PM Full day only)

Child's shirt size _____

Parent (or Guardian): _____

Cell Phone: _____

Address (if different than child's): _____ City: _____ Zip: _____ Home Phone: _____

Employer: _____

Work Phone: _____

Employer Address: _____

Email: _____

Parent (or Guardian): _____

Cell Phone: _____

Address (if different than child's): _____ City: _____ Zip: _____ Home Phone: _____

Employer: _____

Work Phone: _____

Employer Address: _____

Email: _____

Please contact the following people in case of an emergency when the parent/guardian cannot be reached:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

In addition to parents/guardians, I hereby authorize the Montessori Academy Scott Boulevard (MASB) to allow my child to **leave the school ONLY with the following people**. Please list names, addresses, and numbers for each. Children will ONLY be released to a parent or a person designated by the parent/guardian after verification of ID.

Name:	Name:	Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:

Child's Medical Information

MEDICAL CONDITION: _____

Severity of Condition: _____

Precautions to Take: _____

Actions to be Take in Case of Emergency: _____



Summer Camp Registration Form 2019

Montessori Academy

www.scottmontessoriacademy.com

scottmontessoriacademy@gmail.com

189 Sams Street

Suite A

Decatur, GA 30030

(404) 320-0400

Summer Hours 7 AM - 6 PM

Medications to be Taken: _____

ALLERGIES: _____

Severity of Condition: _____ EpiPen? Y or N Action Plan on file _____

Precautions to Take: _____

Actions to be Take in Case of Emergency: _____

Medications to be Taken: _____

List any other special needs your child may have, such as existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medications prescribed for long-term continuous use, and/or any information of which the caregiver's should be aware. **If none apply please write "none":** _____

Authorization for Emergency Medical Attention

Should my child, **Child's Name:** _____ **DOB:** _____, suffer any injury or illness while in the care of **Montessori Academy**, and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment for services.

I (we) agree to keep the facility informed of changes in telephone numbers, emergency contacts, and where I can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child. In the event my child should require professional medical attention while in the care of the center, I understand that my child will be transported to the nearest medical facility, which is:

Children's Hospital of Atlanta at Egleston

2015 Uppergate Dr.

Atlanta, GA 30322-1015

(404) 785-5437

My child's primary source of health care is:

Physician/Clinic Name

Telephone No.

Address

Known medical conditions (i.e. diabetic, asthmatic, drug allergies):

Signature of Parent/Legal Guardian: _____ **Date** _____



Summer Camp Registration Form 2019

Montessori Academy
www.scottmontessoriacademy.com
scottmontessoriacademy@gmail.com

189 Sams Street
Suite A
Decatur, GA 30030
(404) 320-0400

Summer Hours 7 AM - 6 PM

Summer Day Camp Program 2019 Fee Schedule

Registration/Activity Fee \$225.00 per child

Toddler (14 mo – 3 yr)		4 weeks	8 weeks
ALL DAY	7:00 A.M. - 5:00 P.M.	\$1,189.00	\$2,378.00
FULL DAY	8:30 A.M. - 3:00 P.M.	\$947.00	\$1,894.00
HALF DAY	8:30 A.M. - 12:00 P.M.	\$747.00	\$1,494.00
Primary (3 yr – 6 yr)		4 weeks	8 weeks
ALL DAY	7:00 A.M. - 5:00 P.M.	\$1,120.00	\$2,240.00
FULL DAY	8:30 A.M. - 3:00 P.M.	\$832.00	\$1,664.00
Early bird	7:00 A.M. – 8:30 P.M.	\$107.00	\$214.00
Late pick up	3:00 P.M. – 5:00 P.M.	\$148.50	\$297.00

*There is a 10% discount for each additional child

Parents please note: If your child does not attend the full summer camp once the program begins, you will not be entitled to any refund as most of the activities will have been paid in full in advance.

Fees include breakfast, lunch, morning and afternoon snack, field trips, entry fees, transportation, and all camp activities.

- Hours of operation:** Summer camp will be available from 7:00 am until 6:00 pm, Monday through Friday. Camp begins May 30, 2019 and ends on July 31, 2019. We will be closed Thursday and Friday, July 4th- 5th, in observance of Independence Day. All campers must be picked up by 6:00 pm. The fee is \$1.00 for each minute after 6 pm.
- Program and Payment Policies:** Campers registering for the 4 week program must attend the first 4 consecutive weeks of the program or the last 4 consecutive weeks of the program. Program weeks cannot be split. Program fees must be paid in full on or prior to the first day of camp or activity fee and slot will be forfeited.
- Fees:** A non-refundable registration/activity fee of \$225.00 is payable at the time of registration. The activity fee covers the cost of all on site and off site activities including field trips. Payments are due on the 1st of the month. There will be a \$25 late charge for payments made after the 1st. A \$50 fee is charged for returned checks.
- Food:** Breakfast, lunch, morning and afternoon snacks and milk and juice will be provided. **We serve all organic foods.** Food exceptions are made for individual children with allergies or special dietary restrictions. Please note any allergies or special diets on the registration form.

By signing this agreement, parent(s)/guardian(s) agree to abide by the written policies of the provider. The provider may amend the policies at any time by providing the parent(s)/guardian(s) a copy of the new or changed policies at least 2 weeks before they take effect.

Parents/Guardian signature _____ Date _____

Authorized School Personnel signature _____ Date _____