

Montessori Academy 2021

Summer Camp Enrollment Agreement

We, the undersigned _____ and _____,
parent(s)/guardian(s), hereby enter into this enrollment agreement with Montessori Academy of
Decatur for the enrollment of _____ (child's name).

Program agreed on for above child:

☐ Pre-Primary (18 months-3 years) ☐ Primary (3-6 years) ☐ Immersion (3-6 years)

Hours agreed on for above child:

☐ Half Day 8:30 - 12:00pm ☐ Full Day 8:30 - 3:00pm	☐ Early Morning 7:30-8:30am ☐ Afterschool Care 3:00-4:30pm ☐ Afterschool Care 3:00-6:00pm
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Summer sessions:

☐	Session 1	June 1 - June 30	Summer Camp
☐	Session 2	July 1 - July 29 Closed 7/5 for Independence Day	Summer Camp

Fee Schedule:

Registration/Activity Fee \$100 per child

Pre-Primary (per session)

ALL DAY \$1,350 FULL DAY \$1,150 HALF DAY \$900

Primary (per session)

ALL DAY \$1,300 FULL DAY \$1,100 HALF DAY \$900

Immersion (per session)

ALL DAY \$1,500 FULL DAY \$1,300 HALF DAY \$1,000

EARLY CARE (7:30-8:30AM): \$100 AFTER CARE (3-4:30PM): \$100 AFTER CARE: (3-6PM): \$100

Tuition and Deposits are non-refundable

Camper Information

I waive any right to claim against Montessori Academy of Decatur owner, staff and teachers, in the event of accident, injury, or loss of personal items and hereby give permission to the same to obtain medical services for my child in the event of a medical emergency or injury. I grant to Montessori Academy of Decatur, its representatives and employees, the right to take pictures, video, or audio recordings of my child and to copyright, publish, and use the same, with or without mychild's name, in print or electronic form for purposes such as publicity, advertising, illustration, or web content.

Parent/Guardian Signature: _____

Date: _____

MEDICAL INFORMATION FORM

Child's Last Name _____ First Name _____ Date of Birth _____

My child has the following special needs:

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

MEDICAL HISTORY

Primary Care/Pediatrician _____ Phone Number _____

Address: _____

Please write "None" if the condition is not applicable to your child.

List any food allergies/dietary restrictions: _____

List any environmental allergies _____

List any drug/medication allergies _____

List any medications or dietary supplements taken at home _____

List any medications or dietary supplements to be taken during school hours

List any health issues or significant health history which may limit participation

EMERGENCY MEDICATION AUTHORIZATION

Should (child's name) _____ Date of birth _____ suffer an injury or illness while in the care of Montessori Academy of Decatur, 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.

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Persons to contact in case of emergency when parents/guardians cannot be reached:

Name _____ Phone Number _____ Relationship to Child _____