

# 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:

<input type="checkbox"/> Half Day      8:30 - 12:00pm <input type="checkbox"/> Full Day      8:30 - 3:00pm	<input type="checkbox"/> Early Morning    7:30-8:30am <input type="checkbox"/> Afterschool Care 3:00-4:30pm <input type="checkbox"/> Afterschool Care 3:00-6:00pm	
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### Summer sessions:

<input type="checkbox"/>	Session 1	June 1 - June 30	Summer Camp
<input type="checkbox"/>	Session 2	July 1 - July 29 Closed 7/5 for Independence Day	Summer Camp

A deposit of \$200.00 is due upon enrollment to reserve your child's space. The deposit will constitute a portion of the payment for the last session you attend. **Please include the deposit along with this form.**

### 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 my child'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:

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

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**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

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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 \_\_\_\_\_