

CENTRAL MONTESSORI SCHOOL
SUMMER CAMP REGISTRATION FORM 2022

Date of Admission: ____/____/____
 mm dd yyyy

Summer Camp I: 6/13 - 7/8 (4 Weeks)
Summer Camp II: 7/11 - 8/5 (4 Weeks)

I am signing up for: Summer Camp I & II ____ Summer Camp I ____ Summer Camp II ____

Camp Tuitions + Registration (\$100) + Deposit (\$100)
 * 3-5 Years: \$630 * 2 Years: \$640 * 18-24 Months: \$650 * 14-17 Months: \$660

Discounts:
 5% for KCPCH members 5% for siblings 5% for tuition paid in full (I & II)
 3% if paid in full by 3/31 2% if paid in full by 4/8 1% if paid in full by 4/15

I understand that my registration of \$100 and tuition of _____ are non-refundable. Initials _____

CHILD'S INFORMATION

Child's Name: _____ Birth Date: ____/____/____
 Last First Middle mm dd yyyy
 Child's age on June 13, 2022: ____ years, ____ months Gender: Male / Female

한국어 이름: _____ Name child prefers to be called: _____

Allergies/Medical Issues: _____
 *You must fill out the **Food Allergy Emergency Action Plan** if you list any allergies above.*

CONTACT INFORMATION

Mother/Guardian's Name: _____ 한국어 이름: _____
 Last First

Driver's License: _____ Phone Number: _____

E-mail: _____ Work Number: _____

Home Address: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian's Name: _____ 한국어 이름: _____
 Last First

Driver's License: _____ Phone Number: _____

E-mail: _____ Work Number: _____

Home Address: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

AUTHORIZATION/EMERGENCY CONTACTS

*At least one person **OTHER THAN PARENTS** must be listed as an Emergency Contact. Emergency contacts are called only if parents cannot be reached. All Driver's License numbers must be provided*

Name:

Relationship to Child:

Driver's License #:

Phone #:

Emergency Authorized Pick-Up

Name:

Relationship to Child:

Driver's License #:

Phone #:

Emergency Authorized Pick-Up

MEDICAL AUTHORIZATION FORM

AUTHORIZATION for EMERGENCY MEDICAL ATTENTION: In the event that I cannot be reached to make arrangements for emergency medical care, "I, _____, **parent/legal guardian, hereby authorize a CMS Staff Member to consent to medical treatment of my child, _____, when I cannot be contacted. I give consent for the medical facility to secure any and all necessary emergency medical care for my child.**" I also understand that CMS will not take financial responsibilities for any medical charges.

Name of Hospital

Address

Phone #

Name of Physician

Address

Phone #

Health Insurance Company: _____

Health Insurance Phone #: _____ Health Insurance Policy#: _____

Signature – Parent or Legal Guardian

Date

COVID-19

Yes, I fully understand that as my child's legal guardian, I am choosing to send my child to participate in learning at CMS in-person. I also fully understand that even while CMS staff members are doing everything they can to clean, sanitize, and disinfect all areas of the school, due to the ongoing pandemic of COVID-19, my child is still at risk of exposure to COVID-19. It will be my responsibility to check and monitor my child's (and our family's) health conditions and keep my child at home for any COVID-19 symptoms. I will notify the school immediately of any illnesses in my child (and family). I accept that CMS staff members can call anytime for me to pick up my child for any health concerns they may have.

Signature – Parent or Legal Guardian

Date