



2017 Summer Program Application:

*Please note: Summer enrollment is limited to 24 children per session. Enrollment will be finalized based on reception of completed application and tuition each week.

Child's Name: _____

Child's Date of Birth: _____

Is your child toilet trained? **Yes** **No**

Does your child require a nap? **Yes** **No**

Parents/ Guardians: _____

Address: _____

Phone: _____ Email: _____

Phone: _____ Email: _____

Emergency Contact (other than parents): _____

Name/phone numbers of people approved for child pick-up:

Schedules and Fees:

8:30 – 3:00 \$150/week

8:30 – 12:00 \$100/week

After camp care until 5:15 \$10/hour or \$40/week

Week(s) attending: Please circle week(s) for which you are enrolling. If signing up for half days put a / through the circle. Thank you.

June 12-16

June 19-23

June 26-30

July 3-7

July 10-14

July 17-21

July 24-28

July 31-Aug.4

Aug. 7-11

Aug. 14-18

Emergency Release Agreement

Please Sign:

I hereby authorize the staff of Missoula Valley Montessori to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the camp from any and all liability for an injury or illness incurred during the Summer Program at Missoula Valley Montessori. I have no knowledge of any physical impairment that would be affected by my child, named above, participating in the summer program.

Name: _____ Date: _____