



2019 Summer Program Application:

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 (**\$120 week of 4th of July)

8:30 – 12:00 \$100/week

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

Week(s) attending: Please circle the week(s) for which you are enrolling **AND**

choose: half days full days

June 17-21

June 24-28

*** July 1, 2, 3, & 5

July 8-12

July 15-19

July 22-26

July 29- August 2

August 5-9

August 12-16

(sign the back please)

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 affect my child, named above, participating in the summer program.

Name: _____ Date: _____