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# MISSOULA VALLEY MONTESSORI

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## 2020 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                                      \$165/week

8:30 – 12:00                                      \$115/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 15-19
- June 22-26
- June 29-July 3
- July 6-10
- July 13-17
- July 20-24
- July 27- 31
- August 3-7
- August 10-14

(sign the back please)



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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: \_\_\_\_\_