

# Safety Harbor Montessori Academy

## Summer Camp Registration 2009

### Ages 2 - 4

Child's Name \_\_\_\_\_

Date \_\_\_\_\_

		5 days	3 MWF	2 TTh	Ext. Care: AM    PM	
<b>Week 1</b>	6/08 - 6/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Week 2</b>	6/15 - 6/19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Week 3</b>	6/22 - 6/26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Week 4</b>	*6/29 - 7/02	4 <input type="checkbox"/>	2 MW <input type="checkbox"/>	2 TTh <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Week 5</b>	7/06 - 7/10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Week 6</b>	7/13 - 7/17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Week 7</b>	7/20 - 7/24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Week 8</b>	7/27 - 7/31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Week 9</b>	8/03 - 8/07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emergency Contacts: Phone #

1. \_\_\_\_\_

2. \_\_\_\_\_

Parent's Cellular Phone or Pager #: \_\_\_\_\_

Allergies or other health information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Camp closed 7/3 for Independence Day.

Birthdate _____ Address _____ City, Zip _____	Age : _____ School exp: _____ Home Phone: _____	
Mother's Name _____ home address _____ Phone (Home) _____ (bus.) _____	Emergency Release completed on back? yes	Father's Name _____ home address _____ Phone (home) _____ (bus.) _____

I hereby enroll my child for the week(s) and extended care times indicated above. I have enclosed a **\$20 registration fee** and a deposit of **\$50.00 per week**. I understand that the remaining balance of all camp fees are due May 8th for weeks 1 - 3, May 29th for weeks 4 - 6, and June 19th for weeks 7-9. I also understand that my child's space may no longer be available if fees are not paid by these dates. I further understand and agree that all deposits and fees are non-refundable.

\_\_\_\_\_  
 parent's signature \_\_\_\_\_  
 date

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