

# Safety Harbor Montessori Academy

## Summer Camp Registration 2009

### Ages 5 - 12

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

Date \_\_\_\_\_

Emergency Contacts: Phone #

1.

2.

Parent's Cellular Phone or Pager #:

Allergies or other health information:


	Camp Week	6/08 - 6/12	6/15 - 6/19	6/22 - 6/26	6/29 - 7/02	7/06 - 7/10	7/13 - 7/17	7/20 - 7/24	7/27 - 7/31	8/03 - 8/07
Week 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Camp closed 7/03 for Independence Day.

Birthdate _____ Address _____ City, Zip _____		Age : ____ Grade: ____ Current school: _____ Home Phone: _____	
Mother's Name _____ home address _____ Phone (Home) _____ (bus.) _____	Emergency Release completed on back? <input type="checkbox"/> 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

**Safety Harbor Montessori Academy  
Summer Camp Registration 2009  
Ages 5 - 12**

---

**Safety Harbor Montessori Academy**  
**Summer Camp Registration 2009**  
**Ages 5 - 12**



**Safety Harbor Montessori Academy  
Summer Camp Registration 2009  
Ages 5 - 12**