

Please complete one form per child.

Student's Full Name	Nickname	Date of Birth	Sex
Address		Home Phone	
Previous Child Day Care Programs and/or Schools Attended			Rising Grade

Parent/Guardian Information

Father	Place Employed	Business Phone	
Home Address		Cell Phone	Home Phone
Mother	Place Employed	Business Phone	
Home Address		Cell Phone	Home Phone
Email <input type="checkbox"/>			
Person(s) Having Legal Custody of Child (with address and telephone number if different from above)*			
<i>*Appropriate papers such as custody papers shall be attached if a parent is not allowed to pick up the child. **NOTE: Section 22.1-4.3 of the Code of VA states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled must be included, upon request of such noncustodial parent, as an emergency contact for events occurring during school activities.</i>			

Emergency Contact Information**

Please complete fully. In case of emergency, parents will be contacted first.

Contact #1 Full Name	Relationship	Business Phone	
Home Address		Cell Phone	Home Phone
Contact #2 Full Name	Relationship	Business Phone	
Home Address		Cell Phone	Home Phone

Health Information

Allergies or Intolerance to Food, Medication, etc. & Action to take in an Emergency	
List any activities in which your child should not participate due to health reasons	
Child's Physician	Phone

Agreements

Please read the following carefully:

1. Montessori Center for the Center (MCC) agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize MCC to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be immediately located.**
3. The parent(s)/guardian(s) agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
4. All of the information provided on the summer registration form is correct and the participant described has permission to engage in all prescribed camp activities except those listed.
5. The parent(s)/guardian(s) understand that a minimum enrollment is necessary for each class.

Photograph Release

I grant Montessori Center for the Child (MCC) permission to take photographs of my child. I understand that MCC may use these photographs and recordings for promotion, marketing, training, and advertising. I release and hold MCC harmless from any and all present and future claims for compensation or damages relating to this release and license.

I have read and understand the policies of MCC's Summer Programs as described in the class outline and agree to abide by the terms outlined.

Signatures

Parent(s) or Guardian(s)

Date

Summer Programs Director

Date

CURRENT MCC STUDENT? YES / NO

If "no," please submit a copy of child's most recent physical examination & immunization by 6-1-11 .

Office Use Only

IDENTITY VERIFICATION

Place of Birth	Birth Date	Birth Certification Number
Date Birth Certificate Issued	Date Document Viewed	Person Viewing Document

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided); _____

PROOF OF THE CHILD'S IDENTITY AND AGE MAY INCLUDE A CERTIFIED COPY OF THE CHILD'S BIRTH CERTIFICATE, BIRTH REGISTRATION CARD, NOTIFICATION OF BIRTH (HOSPITAL, PHYSICIAN OR MIDWIFE RECORD), PASSPORT, COPY OF THE PLACEMENT AGREEMENT OR OTHER PROOF OF THE CHILD'S IDENTITY FROM A CHILD PLACING AGENCY (FOSTER CARE AND ADOPTION AGENCIES), RECORD FROM A PUBLIC SCHOOL IN VIRGINIA, CERTIFICATION BY A PRINCIPAL OR HIS DESIGNEE OF A PUBLIC SCHOOL IN THE U.S. THAT A CERTIFIED COPY OF THE CHILD'S BIRTH RECORD WAS PREVIOUSLY PRESENTED OR COPY OF THE ENTRUSTMENT AGREEMENT CONFERRING TEMPORARY LEGAL CUSTODY OF A CHILD TO AN INDEPENDENT FOSTER PARENT. VIEWING THE CHILD'S PROOF OF IDENTITY IS NOT NECESSARY WHEN THE CHILD ATTENDS A PUBLIC SCHOOL IN VIRGINIA AND THE CENTER ASSUMES RESPONSIBILITY FOR THE CHILD DIRECTLY FROM SCHOOL (I.E. AFTER SCHOOL PROGRAM) OR THE CENTER TRANSFERS RESPONSIBILITY OF THE CHILD DIRECTLY TO THE SCHOOL (I.E. BEFORE SCHOOL PROGRAM). WHILE PROGRAMS ARE NOT REQUIRED TO KEEP THE PROOF OF THE CHILD'S IDENTITY, DOCUMENTATION OF VIEWING THIS INFORMATION MUST BE MAINTAINED FOR EACH CHILD.

Section 63.2-1809 of the *Code of Virginia* state that proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.



2011 Summer Course Selection Form

Please complete one form per child.

CAMP DATES (Mon-Thurs)

- Session 1: July 11-14
- Session 2: July 18-21
- Session 3: July 25-28
- Session 4: Aug 1-4
- Session 5: Aug 8-11
- Session 6: Aug 15-18

TUITION

- Half Day - Young Explorers & Elem: \$139.00 per session
- Full Day - Afternoon Exploration \$189.00 per session
- PM Ad Hoc - Afternoon Exploration \$20.00 per day

DAYS & HOURS

- Monday-Thursday
- Half Day: 8:30am - 12:00pm
- Full Day: 8:30am - 3:00pm

SCHEDULE

- 8:20am - 8:30am Drop Off
- 8:30am - 12:00pm Course of Your Choice
- 12:00pm - 12:10pm Pick Up for 1/2 Day Students
- 12:00pm - 12:30pm Lunch
- 12:30pm - 3:00pm Afternoon Activities
- 3:00pm - 3:15pm Pick Up for Full Day Students

ART EXPLORERS - SINGLE DAY CLASS

DATE	CLASS	HOURS	AMOUNT
Friday, July 15	Art in the Abstract	9:00am - 12:00pm	\$25.00
Saturday, July 23	Animals in Art	9:00am - 12:00pm	\$25.00
Friday, July 29	Art Camp I: <i>Impressionism</i>	9:00am - 3:00pm	\$49.00
Friday, August 12	Paint like Pollock	9:00am - 12:00pm	\$30.00
Friday, August 19	Art Camp II: <i>Color Crazy</i>	9:00am - 3:00pm	\$49.00

Student's Name	Grade Entering	Sex
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<i>Check any that apply</i>		<i>Cost</i>	<i>Subtotal</i>
<input type="checkbox"/> Session 1	Half Day	\$139.00	
	Full Day (4 yr & up)	\$189.00	
<input type="checkbox"/> Session 2	Half Day	\$139.00	
	Full Day (4 yr & up)	\$189.00	
<input type="checkbox"/> Session 3	Half Day	\$139.00	
	Full Day (4 yr & up)	\$189.00	
<input type="checkbox"/> Session 4	Half Day	\$139.00	
	Full Day (4 yr & up)	\$189.00	
<input type="checkbox"/> Session 5	Half Day	\$139.00	
	Full Day (4 yr & up)	\$189.00	
<input type="checkbox"/> Session 6	Half Day	\$139.00	
	Full Day (4 yr & up)	\$189.00	
<input type="checkbox"/> PM Ad Hoc	Choose # of days/week	\$20.00 per day	

ART EXPLORERS - SINGLE DAY CLASS

<input type="checkbox"/> Art in Abstratct	9:00am - 12:00pm	\$25.00	
<input type="checkbox"/> Animals in Art	9:00am - 12:00pm	\$25.00	
<input type="checkbox"/> Art Camp Day I	9:00am - 3:00pm	\$49.00	
<input type="checkbox"/> Paint like Pollock	9:00am - 12:00pm	\$30.00	
<input type="checkbox"/> Art Camp Day II	9:00am - 3:00pm	\$49.00	
Less 10% Sibling Discount (if applicable)			
*TOTAL			\$

* All balances are due by June 1, 2011. Registrations after June 1, 2011 must include full payments.