

# Camp McCormick Registration 2010

Montessori Academy of Glen Ellyn

	<u>Child's Last Name</u>	<u>First</u>	<u>Middle</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Age</u> (as of 6/1/10)
1.	_____	_____	_____	_____	___/___/___	_____
2.	_____	_____	_____	_____	___/___/___	_____
3.	_____	_____	_____	_____	___/___/___	_____

**Allergies:** \_\_\_\_\_

**Medical Condition(s):** \_\_\_\_\_

\_\_\_\_\_  
Mother's (or Guardian's) Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Work Hours

\_\_\_\_\_  
Email

\_\_\_\_\_  
Father's (or Guardian's) Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Work Hours

\_\_\_\_\_  
Email

**CHILD(REN) LIVE(S) WITH:**    Both Parents \_\_\_\_\_    Mother \_\_\_\_\_    Father \_\_\_\_\_

**Persons (OTHER THAN PARENTS) authorized to pick up my child (including car pools):**

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
1.	_____		
2.	_____		

**Check the Session(s) you are signing up for below:**

<u>SESSIONS</u>	<u>Child 1</u>	<u>Child 2</u>	<u>Child 3</u>	<u>DAYS</u>	<u>TIME</u>	<u>COST</u>
<b>Session 1</b> (June 7-June 17)	_____	_____	_____	4 days (Mon - Thurs)	9am - 12 noon	\$250 / \$275 after June 1, 2010
<b>Session 2</b> (June 21-July 1)	_____	_____	_____	4 days (Mon - Thurs)	9am - 12 noon	\$250 / \$275 after June 1, 2010
<b>Session 3</b> (July 5-July 15)	_____	_____	_____	4 days (Mon - Thurs)	9am - 12 noon	\$250 / \$275 after June 1, 2010
<b>Session 4</b> (July 19-July 29)	_____	_____	_____	4 days (Mon - Thurs)	9am - 12 noon	\$250 / \$275 after June 1, 2010

A \$100.00 DEPOSIT for EACH SESSION and EACH CHILD is due by April 9 to secure a space. The balance for each child and session is due by May 15. Cancellations made less than 2 weeks prior to the start of Session 1 will receive a 50% refund. No refunds will be given once Session 1 has begun.

**Office Use Only:**

**Deposit:** \_\_\_\_\_    **Check #** \_\_\_\_\_    **Date** \_\_\_\_\_

**Balance:** \_\_\_\_\_    **Check #** \_\_\_\_\_    **Date** \_\_\_\_\_