



SUMMER CAMP REGISTRATION 2010

Week/Session#: _____

REGISTRATION FORM

***All Areas Must Be Filled Out ***

(Information is kept confidential)

Name of Child: _____ Date of Birth: _____
(YY/MM/DD)

Sex of Child: M / F

Address: _____ Telephone No.: () _____

City: _____ Postal Code: _____

Mother's Name: _____ Occupation: _____

Employer: _____ Business Phone: () _____

Cellular or Pager: () _____

Family E-Mail Address: _____

Father's Name: _____ Occupation: _____

Employer: _____ Business Phone: () _____

Cellular or Pager: () _____

Person(s) whom child lives with: _____

If there is a Custody Agreement, please give details:

Persons Authorized to pick up Child

Name	Relation to Child	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sibling Information

Name	Age
_____	_____
_____	_____

Languages Spoken in the Home: _____

Child's Interests and Activities:

What other type of group experiences has your child had? _____

Does your child prefer to play alone _____, with playmates _____, with sibling _____, with adults _____?

Does your child have any pets? _____

Guidance and Discipline

Does your child have any fears _____, angers easily _____, prefer to be alone _____, or become easily discouraged _____?

Do you have any concerns about your child's present behavior? _____

What discipline methods are used at home? _____

Please add any additional comments that you feel will help us know your child better.

(Immunization dates must be filled in).

Has your child been immunized against:

Please fill this section or attach a copy of your child's immunization chart.

Age	Diphtheria, Pertussis, Tetanus, Polio, Hib	Pneumococcal	Hepatitis B	MMR	Meningococcal C
2 months				n/a	n/a
4 months				n/a	n/a
6 months				n/a	n/a
12 months	n/a	n/a	n/a		
18 months			n/a		n/a

Is your child subject to any of the following –

Allergies? Yes _____ No _____

If yes, list materials or products to avoid, and any special instructions in the event of an allergic attack: _____

Speech Difficulties: _____

Has your child been under a doctor's care for any prolonged time? Explain _____

Special Diet

Is your child on a special diet? _____

Special Foods? _____

Reason for Special Diet? _____

Family Doctor: _____

Telephone: _____

Doctor's Address: _____

Family Dentist: _____

Telephone: _____

Child's CARE CARD # _____

CONSENT FORMS AND CHILDCARE AGREEMENT

I, _____, give permission for my child, _____
to take part in the following:

PLEASE SIGN WHERE INDICATED BELOW

I give my consent to Panorama Ridge Montessori to take my child's pictures either themselves or by an external photographer while at their care. These pictures may be used on the school's website or school's advertising brochures and can be given out to parents when requested. The pictures will be property of the school.

Initial (____)

I give my consent to have my child treated by a physician for medical care and to be transported to hospital by ambulance should an emergency arise. ***I understand that every effort will be made to contact my spouse or me before such action is taken.***

Initial (____)

In case of injury to my child while in care of Panorama Ridge Montessori, I hereby waive all claims against the school in excess of public liability insurance (\$3,000,000) carried by Panorama Ridge Montessori.

Initial (____)

I am aware that during Summer Camp my child may be playing in the school's playground or may go on a short walk nearby and I agree to let my child participate in such activities.

Initial (____)

A \$20.00 registration fee is required to ensure your child a place and is not refundable. There will be no refund on monthly fees or any portion thereof, regardless of sickness, school holidays or family vacations. I agree to pay full fee of summer camp program during registration.

Initial (____)

I have read and understood the policies and procedures as set forth in Panorama Ridge Montessori's Parent Handbook.

Initial (____)

Signed: _____

Date: _____