



Magnolia Montessori Academy Summer Camp Enrollment Application

Camper's Name					
Address					
PhoneBirth Date/Age					
Parent 1 Name					
Address					
Place of Employment					
Work Phone #Email Address					
Parent 2 Name					
Address					
Place of Employment					
Work Phone #Email Address					
Medical Information					
Allergies? Yes No If so, what?					
Food Allergies? Yes No If so, what?					
Physical Handicaps? Yes No If so, what?					
Currently under Doctor's care? Yes No If yes, reason?					
History of seizures? Yes No					
History of heart disease? Yes No					
History of diabetes in family? Yes No					
Primary Physician Phone					
Address					
Dentist Phone					
Address					

Hospital Preference			·····
Are there any special consid	lerations or restrictions that r	need to be addressed? If s	o, please explain:
Media or Photographs Perr	nission:		
As a parent or guardian, you website. Please check one:	u may choose whether your cl	hild may be filmed or pho	tographed for our school
I give permission for	my child to be filmed or photo	ographed for the school w	vebsite/Facebook page.
I do not give permiss	ion for my child to be filmed o	or photographed for the s	chool website/Facebook page
Food Permission (when app	olicable):		
Often food items are brough	nt in for snacks or instruction	al activities. Please check	one:
	ssion to participate in food ac I permission to participate in f		n of the summer camp staff.
Field Trip Permission (when	n applicable):		
	ssion to participate in any fiel I permission to participate in a	-	a Minds Montessori Academy
Emergency Contact Name _		<u>-</u>	
Address			
Phone #			
Relationship to Camper			
In Case of Emergency, pleas	e contact		first.
Please list other individuals	that may pick up your child	(ren) from the program:	
Name	Relationship to child	Home/Work Phone #	Mobile Phone #
Signature of Parent or Legal	Guardian	D	ate

** A non- refundable deposit of \$50 per week of camp is due by April 16, 2021 to secure your space.

This deposit will be applied to the balance of your summer camp tuition payment. Spaces are filled on a first come bases.

** Remaining Balance is due no later than June 4, 2021

Please check off desired weeks and aftercare preferences on the two right columns

	Dates	Topics	Fees Half Days (8:30AM- 12:00PM)	Fee Full Days (8:30AM- 3:30PM)	Before Care Fee (7-8:30)	After care Fee (3:30- 6:00 PM)	Before and After Care (Circe desired weeks)	Check Desired Weeks
Week One	June 21-25	Mad Science	\$150.00	\$ 200.00	\$15.00	\$25.00	\$30.00	
Week Two	July 5-9	Tackling Textiles	\$15000	\$200.00	\$15.00	\$25.00	\$30.00	
Week Three	July 12-16	It's a Bug's life	\$90.00	\$ 108.00	\$15.00	\$15.00	\$30.00	
Week Four	July 26-30	Going Green	\$150.00	\$200.00	\$15.00	\$25.00	\$30.00	

Payments may be paid by check or Credit Card.

If paying by check, please make checks payable to: Magnolia Montessori Academy

For MMA USE ONLY:			
Week 1 Week 2	Week 3	_ Week 4	
Form of Payment:			
Amount Paid:			
Deposit. Amount	Date Paid	Balance Amount	Date Paid
Credit Card			
Check Number			
Total Amount Paid			