



Magnolia Montessori Academy 2026 SummerCamp Enrollment Application

Camper's Name _____

Address _____

Phone _____ Birth 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 considerations or restrictions that need to be addressed? If so, please explain:

Media or Photographs Permission:

As a parent or guardian, you may choose whether your child may be filmed or photographed for our school website. Please check one:

I give permission for my child to be filmed or photographed for the school website/Facebook page.

I do not give permission for my child to be filmed or photographed for the school website/Facebook page.

Food Permission (when applicable):

Often food items are brought in for snacks or instructional activities. Please check one:

I give my child permission to participate in food activities under the direction of the summer camp staff.

I do not give my child permission to participate in food activities.

My child is allergic to _____

Field Trip Permission (when applicable):

I give my child permission to participate in any field trips that leave Magnolia Montessori Academy

I do not give my child permission to participate in any field trips.

Emergency Contact Name _____

Address _____

Phone # _____

Relationship to Camper _____

In Case of Emergency, please 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 _____ Date _____

**** A non- refundable deposit of \$100 per week of camp is due by March 27, 2026, 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 5, 2026**

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

Dates	Topics	Half Day Fees (7:00AM-12:00PM)	Full Day Fees (7:00AM-3:30PM)	After care Fee (3:30-6:00 PM)	Check Desired Weeks	After Care?
June 22-26th	Wonders Of The Ocean	\$125.00	\$195.00	\$20.00		
Closed June 29th-July3rd	<hr style="border: 2px solid red;"/>					
July 6-10th	Musical Musicians	\$125.00	\$195.00	\$20.00		
July 13-17th	From Trash to Treasure	\$125.00	\$225.00	\$20.00		
July 20-24th	Crafty Characters	\$125.00	\$225.00	\$20.00		
July 27-29th	Watercolor Wonders	\$75.00	\$225.00	\$20.00		

Child's Name _____

For MMA USE ONLY:

Week 1 _____ Week 2 _____ Week 3 _____ Week 4 _____ Week 5 _____ Week 6 _____
Week 7 _____ Week 8 _____

Form of Payment:

Amount Paid: Deposit _____ Balance _____

Cash _____ /Check Number _____

Deposit. Amount _____ Bal. Amount _____

Total Amount Paid _____