



SAINT JOSEPH MONTESSORI CHILDREN'S CENTER

WHERE CHILDREN'S MINDS SOAR.

CAMPER INFORMATION

Summer 2016 Today's Date: _____

Camper's Name _____

Birth Date ___/___/___ Preschool/Grade _____ Gender _____

Deposit Paid: _____ (date/check#/cash/amount)

Registration Fee: Weekly Full Day (\$120) Weekly Half Days (\$70):

Daily Rates: Full Day (\$35) Half Day (\$18)

ASC (\$3.00/hour)

Weeks Requested: Week 1 6.6.16

Week 2 6.13.16

Week 3 6.20.16

Week 4 6.27.16

Week 5 7.5.16 July 4th SJMCC is closed

Week 6 7.11.16

Address _____

City _____ State _____ Zip _____

Parent/Guardian 1 Name _____

Home Phone (_____) _____ Work (_____) _____

Cell (_____) _____ Email _____

Parent/Guardian 2 Name _____

Home Phone (_____) _____ Work (_____) _____

Cell (_____) _____ Email _____

Currently on file in SJMCC Office:

Car Dismissal Information

Permission to Treat and Medical Release Form

Photo/Publicity/Social Media Release

General Permission Form (Field trips, Pets in the Classroom)

Family Signature: _____