



## Summer Program Registration Form

CHILD'S INFORMATION	
First Name:	Last Name:
<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Date of Birth: ____ / ____ / ____ <div style="text-align: center; font-size: small; margin-top: 5px;">             month    day    year           </div>
Home Address:	
City:	State/Zip:

SUMMER PROGRAM TO ENROLL	
Class	Weeks to Enroll
<b>Kindergarten - 2nd Grade</b>	<input type="checkbox"/> June 29 – July 7 *
<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	<input type="checkbox"/> July 10 – July 14
<b>Pre-Primary</b>	<input type="checkbox"/> July 17 – July 21
<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	<input type="checkbox"/> July 24 – July 28
<b>Stepping Stone</b>	<input type="checkbox"/> July 31 – August 4
<input type="checkbox"/> 5 FD <input type="checkbox"/> 5 HD <input type="checkbox"/> 3 FD	<input type="checkbox"/> August 7 – August 11
<input type="checkbox"/> Before Care	<input type="checkbox"/> August 14– August 18
<input type="checkbox"/> After Care	<input type="checkbox"/> August 21 – August 25

\* NO SCHOOL – July 3<sup>rd</sup> & 4<sup>th</sup>; Resume on the July 5<sup>th</sup>

**New students: In addition to this form, please submit the "Registration-New Child" form.**

AUTHORIZATION
<p>I understand and agree:</p> <ol style="list-style-type: none"> <li>1. To the policies and requirements outlined in the "Parents Handbook". School hours are 9:00 AM to 3:30 PM, Before/after-care hours are 7:30-9:00 and 3:30 PM to 7:30 PM. An additional charge may be assessed if your child remains after the registered program time and/or closing time. All returned transactions may be assessed a penalty to cover bookkeeping corrections.</li> <li>2. In the event that a medical emergency occurs, I authorize Discovery Christian Montessori School to seek emergency medical care for my child as deemed necessary by the Director, and I authorize such medical service provider(s) to carry out any required emergency treatment(s).</li> <li>3. I understand that if my child has allergies or food sensitivities, their name and allergy information will be noted in this application as well as posted in the classroom.</li> <li>4. I understand and agree that my child may be photographed at the school, and that the pictures may be used and/or printed for school/classroom use, displays, and that these pictures may be available to be shared and/or printed amongst other parents at Discovery Christian Montessori School.</li> <li>5. I authorize Discovery Christian Montessori teachers to transport my child to and from any field trips.</li> </ol>

Mother's Signature	Father's Signature
Name:	Name:
X	X
Date:	Date:

**Additional Required Documents:**

- Emergency Information Form (only if information was changed; pick up from the school)
- Universal Health Record (doctor signed: pick up from the school)
- *Parent Handbook* Signature pages (emailed or pick up from the school)
- Updated Immunization Records (Doctor's office)