

# McDonald MONTESSORI

4200 Granby Street • Norfolk, VA 23504 • 757.423.1800

## 2019 Summer Camp Registration Form

**TIME** Camp: 8:30am - 12:00pm      **Before Care:** 7:30am- 8:30am      **After Care:** 12:00 – 5:00pm  
**COST** Camp: \$160 a week      Payment due date: June 1st for Weeks 1, 2, 3 & 4. July 1st for Weeks 5, 6, 7 & 8  
Camp with Before and After Care: \$290 a week  
All 8 weeks of camp with Before and After Care: \$1,740 (a savings of 25%!)  
**AGE** 3 to 6 years old      (Must be fully potty trained)

Please "X" which weeks and services you would like to register for:

<b>Week 1:</b> June 10 – June 14	<input type="checkbox"/> Camp	<input type="checkbox"/> Before and After Care
<b>Week 2:</b> June 17 – June 21	<input type="checkbox"/> Camp	<input type="checkbox"/> Before and After Care
<b>Week 3:</b> June 24 – June 28	<input type="checkbox"/> Camp	<input type="checkbox"/> Before and After Care
<b>Week 4:</b> July 1 – July 5 (Closed 7/4)	<input type="checkbox"/> Camp	<input type="checkbox"/> Before and After Care
<b>Week 5:</b> July 8 – July 12	<input type="checkbox"/> Camp	<input type="checkbox"/> Before and After Care
<b>Week 6:</b> July 15 – July 19	<input type="checkbox"/> Camp	<input type="checkbox"/> Before and After Care
<b>Week 7:</b> July 22 – July 26	<input type="checkbox"/> Camp	<input type="checkbox"/> Before and After Care
<b>Week 8:</b> July 29 – Aug 2	<input type="checkbox"/> Camp	<input type="checkbox"/> Before and After Care

**Child's Name:**

\_\_\_\_\_  
Last First Nickname Date of Birth

**Street Address:**

**Parent's Name:**

\_\_\_\_\_  
Last First Cell Phone #

**Parent's Name:**

\_\_\_\_\_  
Last First Cell Phone #

**E-mail:**

**Phone:**

\_\_\_\_\_  
Home

\_\_\_\_\_  
Work (Mother)

\_\_\_\_\_  
Work (Father)

**Please list any ALLERGIES and/or MEDICAL CONDITIONS your child has that we should know about**

\_\_\_\_\_  
\_\_\_\_\_

***\*Please provide a current medical form\****

*If you are currently enrolled at McDonald Montessori, then we have a medical form on file.*

**Emergency Contacts:** (Please provide 2 contacts other than parents, including full address and phone numbers)

1. \_\_\_\_\_  
Contact Name

2. \_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Alternate Phone

\_\_\_\_\_  
Phone Alternate Phone