



MONTESSORI SCHOOL OF WASHINGTON SUMMER CAMP REGISTRATION FORM

Full Name of Child _____ Male/Female _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email Address of Parent _____

Age of Child _____ Birthdate (Month/Day/Year) _____

Parent(s)/Guardian Name(s) _____

Cell Phone Number of Parent(s)/Guardian _____ Work Phone Number of Parent(s)/Guardian _____

Name of Alternative Contact Person (for emergency) _____ Phone Number _____

Please provide a copy of immunizations records. (Dates of last immunizations)

I, give permission to MSOW to take my child to Georgetown University Hospital to receive medical attention in case of emergency

Parent(s)/Guardian Signature Giving Permission _____

Physician Name _____ Phone Number _____

Insurance Name _____ Policy _____

List Any Allergies (write "none" if no allergies) _____

Parent or Guardian Name (please print) _____ Date _____



MONTESSORI SCHOOL OF WASHINGTON SUMMER CAMP PAYMENT FORM

Part-time/Full-time Price

Full Name of Child

Parent(s)/Guardian Name(s)

Which week are you signing up for?

Number of Weeks Total

Method of Payment **Invoice/Electronically**

Signature Date