

Name: _____

Age: _____

STEM (Science Technology Engineering & Math) Discovery Montessori Academy Summer 2016

Session 1 May 31st – June 10th **Session 2** June 13th – 24th
Session 3 June 27th – July 8th (Closed July 4th) **Session 4** July 11th – July 22nd

- Children may attend as many or as few sessions as needed.
- Space is limited so plan to register early; Nido, Toddler, Primary and Elementary will each have *one* community during the Summer Program.
- Return completed application by March 1, 2016.
- **A non-refundable deposit of \$50 per session must be paid by March 14, 2016.**
- Payment for each session is due on the first day of the session, indicated by the following dates:
Session 1 Payment Due By: Tuesday, May 31, 2016
Session 2 Payment Due By: Monday, June 13, 2016
Session 3 Payment Due By: Monday, June 27, 2016
Session 4 Payment Due By: Monday, July 11, 2016

Nido (2 to 14 months)

			(please circle all that apply)			
Full Day [8:00 am to 3:00 pm]	\$420	_____	Session 1	Session 2	Session 3	Session 4
All Day [8:00 am to 5:00 pm]	\$500	_____	Session 1	Session 2	Session 3	Session 4

Toddler (14 to 36 months)

Half Day [8:00 am to 1:00 pm]	\$335	_____	Session 1	Session 2	Session 3	Session 4
Full Day [8:00 am to 3:00 pm]	\$420	_____	Session 1	Session 2	Session 3	Session 4
All Day [8:00 am to 5:00 pm]	\$475	_____	Session 1	Session 2	Session 3	Session 4

Primary (3 to 6 years)

Half Day [8:00 am to 1:00 pm]	\$315	_____	Session 1	Session 2	Session 3	Session 4
Full Day [8:00 am to 3:00 pm]	\$385	_____	Session 1	Session 2	Session 3	Session 4
All Day [8:00 am to 5:00 pm]	\$460	_____	Session 1	Session 2	Session 3	Session 4

Elementary (6 to 12 years)

Full Day [8:00 am to 3:00 pm]	\$400	_____	Session 1	Session 2	Session 3	Session 4
All Day [8:00 am to 5:00 pm]	\$475	_____	Session 1	Session 2	Session 3	Session 4

**Elementary students will bring their own lunch, rather than participating in DMA's food program.*

Extended Hours

Early Arrival [7 to 8 am]	\$32.50	_____	Session 1	Session 2	Session 3	Session 4
Late Departure [5 to 6 pm]	\$42.50	_____	Session 1	Session 2	Session 3	Session 4

Total Deposit Due: \$ _____

Total Due Per Session \$ _____

*Rates listed above include daily lunch and snack as well as the field trip fee.**

Name: _____

Age: _____

Parent/Guardian Information:

<i>Name</i>		<i>Address</i>	<i>Email</i>	<i>Phone Numbers</i>
Father:				Home: Cell: Work:
Mother:				Home: Cell: Work:

Medical Information:

Name of Physician	Address	Phone Number	Hospital Preference

Allergies: _____

Does your child use an Epi Pen? () Yes () No

Medication: _____

Emergency Contact Information:

Name: _____

Phone Number(s): _____

Permission to Pick Up: () Yes () No

Name: _____

Phone Number(s): _____

Permission to Pick Up: () Yes () No

Name: _____

Phone Number(s): _____

Permission to Pick Up: () Yes () No

Authorization:

() Yes () No Permission to participate in water play.

() Yes () No Permission to apply topical applications as necessary.

() Yes () No Permission to be photographed.

_____ (Parent Signature) _____ (Date)