

Name: _____

Age: _____

*Live out Loud for the Arts
Discovery Montessori Academy Summer 2017*

Session 1 June 5 – June 16 **Session 2** June 19 – June 30
Session 3 July 3– July 14 (Closed July 4th) **Session 4** July 17 – July 28

- 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 February 24, 2017.
- **A non-refundable deposit of \$50 per session must be paid by March 14, 2017.**
- Payment for each session is due as indicated by the following dates:

Session 1 Payment Due By: Friday, May 26, 2017
Session 2 Payment Due By: Friday, June 16, 2016
Session 3 Payment Due By: Friday, June 30, 2016
Session 4 Payment Due By: Monday, July 14, 2016

Nido (2 to 14 months)

			(please circle all that apply)			
Full Day [8:00 am to 3:00 pm] \$435	_____	Session 1	Session 2	Session 3	Session 4	
All Day [8:00 am to 5:00 pm] \$515	_____	Session 1	Session 2	Session 3	Session 4	

Toddler (14 to 36 months)

Half Day [8:00 am to 1:00 pm] \$345	_____	Session 1	Session 2	Session 3	Session 4
Full Day [8:00 am to 3:00 pm] \$435	_____	Session 1	Session 2	Session 3	Session 4
All Day [8:00 am to 5:00 pm] \$490	_____	Session 1	Session 2	Session 3	Session 4

Primary (3 to 6 years)

Half Day [8:00 am to 1:00 pm] \$325	_____	Session 1	Session 2	Session 3	Session 4
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 (6 to 12 years)

Full Day [8:00 am to 3:00 pm] \$415	_____	Session 1	Session 2	Session 3	Session 4
All Day [8:00 am to 5:00 pm] \$490	_____	Session 1	Session 2	Session 3	Session 4

Extended Hours

Early Arrival [7 to 8 am] \$35.00	_____	Session 1	Session 2	Session 3	Session 4
Late Departure [5 to 6 pm] \$45.00	_____	Session 1	Session 2	Session 3	Session 4

Total Deposit Due: \$ _____

Total Due Per Session \$ _____

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

Child's Name: _____ Age: _____ DOB _____

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)