



Dear parent,

Shamrock Montessori 2021 Summer Camp is now enrolling! It is from June 28th to August 20th, 8:45am – 5:00pm.

Registration requirement and fees

- Completed registration form.
- Deposit: \$250 (will be included in the tuition, **non-refundable**)

The Registration Process:

1. Turn in the completed registration form and \$250 deposit.
2. Turn in the parental consent for medical treatment form.
3. Total payments for camp are due by **Friday, May 14th, 2021**, should be made through our online payment program. A \$35 late fee will be charged if the tuition is not received by the due day.

Shamrock Montessori

2021 Preschool Summer Camp registration form:

Age: 2 ½ to 6 years old (potty trained)

Date: June 28th to August 20th

Tuition:

- Daily: \$125
- Weekly: \$450
- Full time: \$3400 (8 weeks with 6% off)

Schedule: 8:45am – 5:00 pm (lunch is not provided. School will provide milk, morning and afternoon snacks)

Please mark the boxes:

☐ **First month: Time machine**

☐ **Week 1:** June 28th – July 2nd

☐ **Week 2:** July 6th – July 9th (July 5th no school)

☐ **Week 3:** July 12th – July 16th

☐ **Week 4:** July 19th – July 23rd

☐ **Second month: STEAM**

☐ **Week 5:** July 26th – July 30th

☐ **Week 6:** August 2nd – August 6th

☐ **Week 7:** August 9th – August 13th

☐ **Week 8:** August 16th – August 20th

Total: _____

I _____ (print parent's name), agree that there is NO refund of tuition for illnesses, absences. I understand that the fulltime camper discount ends after May 14th and any added week thereafter will be charged as the normal weekly tuition. I agree to pay the late pick-up fee \$2 per minute after 5:00pm.

Student name: _____

Birthday: _____

Signature of parent or guardian: _____

Date: _____



SHAMROCK MONTESSORI

PARENTAL CONSENT FOR MEDICAL TREATMENT

With the increasing sophistication of our medical systems, we are finding it expedient to have parental release forms in the unlikely event of an injury requiring medical treatment.

This release gives us permission to take your child to the nearest available medical facility and have the necessary treatment administered. This is not necessary from our perspective, but from your perspective, as many hospitals will not administer any medical attention to a minor without parental consent.

Therefore, would you please read the statement in capital letters below and add your signature to it. All that this does is give us the permission to seek whatever medical attention we deem necessary.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE REPRESENTATIVES OF SHAMROCK MONTESSORI THE PERMISSION TO ACT IN MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY BY THESE INDIVIDUALS. I GIVE PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO, USING THOSE MEASURES DEEMED NECESSARY.

Name of Student: _____

Date of Birth: _____

Name of Father: _____

Name of Mother: _____

Cell phone: _____

Cell phone: _____

Email: _____

Email: _____

Home Address _____ City _____ Zip _____

Signature of parent or guardian: _____

Date: _____

If parents are not available, please call relative or emergency contact below:

Name: _____

Phone: _____

Address _____ City _____ Zip _____

Does your child have any allergies? _____ (yes or no) If yes, please specify: _____

Does your child have any physical or medical conditions that would influence medical treatment? Please describe:

Child's insurance company: _____ Phone #: _____

Child's insurance company address: _____

Insurance policy number: _____