

Amesbury Montessori Preschool and Kindergarten

2022 Summer Camp

Enrollment Form

Join us this summer for arts and crafts, gardening, outdoor play, nature walks, picnic snack and lunch, fun in the sprinkler, and so much more! Enjoy the day with familiar friends and maybe some new friends too!

To keep cool, our play yard provides natural shade. In inclement weather, we can easily transfer to our indoor space, which stays cool all summer.

Please have your child bring:

- A picnic lunch
- A separate snack
- A towel
- A bathing suit—optional to wear it or bring it
- Sunscreen and bug spray
- 2 extra changes of clothes
- Full water bottle

Camp Schedule and Fee:

☐ **Week 1:** June 27 – July 1, 9:00am-1:00pm, Fee: \$225

☐ **Week 2:** July 5 – July 8, 9:00am-1:00pm, Fee: \$175

☐ **Week 3:** July 11 – July 15, 9:00am-1:00pm, Fee: \$225

If you have any questions, please contact Stacie Grasso, Director, at sgrasso@amesburymontessori.com, or call/text 978-872-6784.

Please submit a completed enrollment form, off site permission form, first aid and emergency medical care consent form, and a \$50 deposit. Full payment minus the deposit will be due at the beginning of each camp week.

Please make payments to **Peaceful Community LLC**.

Please send or hand deliver payments to:

Amesbury Montessori
120 Friend Street
Amesbury, MA 01913

The Amesbury Montessori School does not discriminate on the basis of race, color, religion, national or ethnic origin or family configuration.

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Child Information

Child's name: _____ Date of birth: _____

Name of parent(s): _____

Address: _____

Email: _____

Reachable phone number: _____

Name(s) of any other person who will be picking up your child other than parents.

Allergies/special diets?

Please include up-to-date medical forms, including Individual Healthcare Plans (if applicable).

Parent/Guardian Signature

Date

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

OFF SITE ACTIVITIES PERMISSION FORM

Section 1 - Program completes prior to parental consent

Program: <u>Amesbury Montessori Summer Camp</u>		
Name of Educator(s) responsible for child: <u>Stacie Grasso</u>		
Name of off-site location and address: <u>Amesbury Town Park</u>		
Date of off-site activity: <u>ongoing June 27 - July 15, 2022</u>	Time Leaving Program: _____	Time Returning to Program: _____
Method of Transportation: <u>Walking</u>	Fee associated with activity (if any): <u>NA</u>	
NOTE Each child must carry on his/her person the name, address, and telephone number of staff or child care program whenever she/he is off the premises in care of the program.		

Section 2 – Parent/Guardian completes prior to off-site activity

I give permission for my child to attend the above identified off-site activity	
Child's Name: _____	Child's Date of Birth: _____
Parent's/Guardian's Name: _____	Phone Number: _____
I authorize child care program staff to secure necessary emergency medical treatment	
Name of child's Physician, Address, phone number: _____	
Child's allergies, health conditions, or Individual Health Plan: _____	
Health Insurance Plan and Policy #: _____	
Emergency Contact Name: _____	Contact #: _____
_____ (Parent/Guardian Signature)	_____ (Date)

This form must accompany each child on the off-site activity

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (*In order to be contacted*)

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____ Policy # _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent /Guardian Signature

Date (valid for one year)