



# Lake Meridian Montessori

## 2024 Summer Camp Registration Form

Thank you for your interest in Lake Meridian Montessori Preschool. Please take the time to read through and fill out the enrollment packet in its entirety. We have accompanied this packet with a check list form to help when completed.

Instructions: This Admission Application Packet is comprised of the following seven (7) documents:

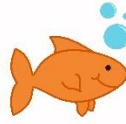
1. Camps offered with tuition fees (2 pages)
2. Enrollment Form
3. General Information
4. Medical & Emergency Consent
5. Field Trip info
6. Contract Agreement
7. Child Pickup form.

These documents, together, constitute our contract with you for the enrollment of your child at the Lake Meridian Montessori Preschool Summer camps. Please carefully read and complete each document, adding your signature or initials where indicated. Additional information may be found in our Parent Handbook. Should you have any questions or concerns about this Admission Application Packet, please do not hesitate to contact us.



Engage your little ones in a fun filled experience throughout the Summer. Our Summer camp programs offer children a great balance of exploring, discovering, making friends and learning new skills. Learning continues keeping their minds and bodies active while they are having fun. Below are the weekly camp themes. Please choose the interested camps. There is a one-time \$25 registration fee for the summer camps.

Camp	Dates	Themes
<input type="checkbox"/>	June 25 – July 3	Arts/Crafts/Gardening
<input type="checkbox"/>	July 8-12	Sports & Outdoor fun
<input type="checkbox"/>	July 15-19	Music and Movement
<input type="checkbox"/>	July 22- 26	Science
<input type="checkbox"/>	July 29 – Aug 2	Lego/Playdough/Board games fun
<input type="checkbox"/>	Aug 5-9	Sports & Outdoor fun
<input type="checkbox"/>	Aug 12-16	Music and Movement



Date child entered care: \_\_\_/\_\_\_/\_\_\_

Date child left care: \_\_\_/\_\_\_/\_\_\_

## Summer Camps (Tuition)

Name of child \_\_\_\_\_

Birthday \_\_\_\_\_

Please indicate which schedule your child will be doing

Preschoolers (3 – 6 years)  
*Preschooler must be toilet trained*

### Discounts

Sibling discount: 5%  
*\*Sibling discount will be applied for the older child's*

### 5 days a week/weekly fees

- 9 am – 3 pm (full day)      \$350
- 9 am – 12:00 pm (half day)      \$250
- Before school care (8-9 am)      \$50
- After school care (3-4 pm)      \$50

### Only applicable to June 25<sup>th</sup> - July 3<sup>rd</sup> (7 days) camp week

- 9 am – 3 pm (full day)      \$500
- 9 am – 12:00 pm (half day)      \$350
- Before school care (8-9am)      \$70
- After school care (3-4 pm)      \$70



# ENROLLMENT FORM

Name Parent Prefer we use \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

FATHER

MOTHER

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Work Days & Hours \_\_\_\_\_ Work Days & Hours \_\_\_\_\_

With whom does child live? Both Parents \_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Names and ages of other children in the home \_\_\_\_\_

Names, addresses, relationship, and phone numbers (home & work) of persons authorized to pick up your child from LAKE MERIDIAN MONTESSORI.

Name	Relationship	Address	Work Phone / Home Phone

Name	Relationship	Address	Work Phone / Home Phone

**PLEASE NOTE:** Written notification (or phone call) by parent or guardian must be given if anyone other than the above authorized person(s) will be picking up your child. Please take the time at registration (or first days of school) to introduce the teachers to the above authorized persons.

I authorize LAKE MERIDIAN MONTESSORI to provide care for my child(ren). I certify that the information provided in this registration form is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent or Legal Guardian      Date

# GENERAL INFORMATION

Child's Name: \_\_\_\_\_

Are there any special family circumstances or special concerns about your child's health or behavior of which we should be aware? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Photo Use Permission:

Yes, I give permission for LAKE MERIDIAN MONTESSORI to use pictures of \_\_\_\_\_  
for the purpose of public relations. Your Child's Name

No, I **do not** give permission for LAKE MERIDIAN MONTESSORI to use pictures of \_\_\_\_\_  
for the purpose of public relations Your Child's Name

\_\_\_\_\_  
Signature of Parent or Legal Guardian                      Date

Diversity Survey (Optional):

We are proud of the heritage and culture that your child is bringing to our school.

Family's Country of Origin \_\_\_\_\_

Native Language \_\_\_\_\_ Languages spoken in the Home \_\_\_\_\_

What is your child's experience prior to Lake Meridian Montessori? Co-Op? and for how long? \_\_\_\_\_

Traditional Preschool? \_\_\_\_\_ Montessori? \_\_\_\_\_ Other? \_\_\_\_\_

Are there any activities you do not wish your child to participate in?

\_\_\_\_\_

# MEDICAL & EMERGENCY CONSENT

Child's Name \_\_\_\_\_

## CONSENT FOR MEDICAL AND/OR SURGICAL TREATMENT

I hereby grant permission to LAKE MERIDIAN MONTESSORI to seek medical attention for my child named above in the event such treatment is deemed necessary when I cannot be contacted. I authorize and consent to medical, surgical, and hospital treatment and procedures to be performed for my child by physician, healthcare provider, aid care attendant when deemed necessary or advisable by the physician and aid care attended to safeguard my child's health. I wave my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone / Work Phone / Cell Phone

\_\_\_\_\_  
Address

### PLEASE COMPLETE:

Child's Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Child's last physical exam, if available \_\_\_\_\_ Child's last dental exam, if available \_\_\_\_\_

Date of last Tetanus (or DPT) immunization \_\_\_\_\_

Does your child have any allergies to medicines? No\_\_\_ Yes\_\_\_ If Yes, List \_\_\_\_\_

Does your child have any chronic diseases or other health problem that might interfere with emergency medical or surgical treatment? No\_\_\_ Yes\_\_\_ If Yes, List \_\_\_\_\_

Is there a Family history of asthma? No\_\_\_ Yes\_\_\_

Is Medication taken regularly? No\_\_\_ Yes\_\_\_ If Yes, List \_\_\_\_\_

Does your child have any environmental or food allergies? No\_\_\_ Yes\_\_\_

If Yes, List \_\_\_\_\_

### EMERGENCY PROCEDURE

I give permission for the Director or Designee to remove my child named above from LAKE MERIDIAN MONTESSORI in the event of any emergency.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

If parent cannot be contacted, person(s) to contact in case of an emergency:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone



## FIELD TRIPS FOR THE SCHOOL

To make things simpler and less work for you, we have decided to have one Permission Slip to cover all field trips for the school. Complete information about each field trip will still be in our newsletters. We will not have individual slips for each field trip. All those enrolled must turn in this permission slip. Please return it when you turn in your enrollment packet.

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(Please cut along dotted line and return completed slip.)  
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### PERMISSION SLIP FOR ALL FIELD TRIPS

I give permission for

\_\_\_\_\_

to go on any field trips for the school.

\_\_\_\_\_  
(Signature of Parent/Guardians)

\_\_\_\_\_  
(Date)

# Contract Agreement

Parent Name: \_\_\_\_\_ Child Name: \_\_\_\_\_

\_\_\_\_\_ **Registration:** I understand a \$25 non-refundable registration fee shall be charged upon enrollment.  
initials

\_\_\_\_\_ **Attendance:** I understand that when I enroll my child, I am reserving a space for him or her on the days of  
initials the week that I commit to. My child may attend additional day(s) at the daily rate with prior approval from the director and teacher. I agree to notify staff anytime my child will be absent. There are no credits given for absences.

\_\_\_\_\_ **Weekly Camp Payments billed monthly(for June, July, August):** I understand that my total weekly camp  
initials payments for the month are due on the 1<sup>st</sup> day of the month(July, August) the camps are registered for. A late fee of \$25.00 will be CHARGED after the 5<sup>th</sup> day of the month if camp payments for the month are not collected.

\_\_\_\_\_ **NSF:** I understand that there is a \$25.00 NSF charge for checks returned for non-payment. I understand if  
initials a check is returned for non-payment, all future payments must be made by cash or money order.

\_\_\_\_\_ **Late Pick Up Fee:** I acknowledge there is a \$2.00 per minute per child late fee for picking up late.  
initials

\_\_\_\_\_ **Withdrawal from program:** If I plan to withdraw my child from the program, I will submit written notice  
initials 30 days prior to withdrawal. I understand that if I do not give prior **written notice**, I will be responsible for my child's scheduled camp time billed at the weekly rate.

\_\_\_\_\_ We agree and understand that we are still responsible to pay our child's full tuition amount if we  
initials choose to take a vacation during scheduled camp dates.

\_\_\_\_\_ We understand and agree that, in the event an attorney is employed to collect any amount due  
initials hereunder, we agree to pay all fees and costs incurred by LMM for the collection of the amount due (including reasonable attorney's fees and expenses), plus pre-judgment interest to the full extent allowed by law.

\_\_\_\_\_ We have read and agree to the school's policies and fees set forth in the Fee Schedule. I am aware that,  
initials failing to follow school policies will result in disenrollment of my child from Lake Meridian Montessori summer camp with or without notice from the school. We will read and acknowledge to all school communications.

\_\_\_\_\_ We have read LMM's Parent Handbook.  
initials

\_\_\_\_\_ I will pack a snack and lunch for my child.  
initials

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director signature

\_\_\_\_\_  
Date



PLEASE RETURN THIS FORM TO SCHOOL WITH REGISTRATION PACKET



## CHILD PICK UP FORM

Student	Driver names / relation to student / contact number	Vehicles (color, make, license plate #)

# ENROLLMENT

## Check List

### Contents of Summer camp Enrollment:

- Camp choice (Tuition) (1 page)
- General Information Form (2 pages)
- Washington State Department of Health Certificate of Immunization Form
- Medical & Emergency Consent Form (1 page)
- Field Trip Permission Slip Form (1 page)
- Sign Tuition Contract (1 page)
- Child Pick Up Form (1 page)
- Enrollment form checklist (1 page)

\*All Forms must be filled out completely and returned with registration and tuition payment to enroll your child(ren) in our school.