

SUMMER CAMP REGISTRATION

PLEASE PRINT CLEARLY

CHILD'S FIRST & LAST NAME

BIRTHDATE

GENDER

HOME STREET ADDRESS

CITY, STATE, ZIPCODE

FAMILY EMAIL ADDRESS*

* WE ACCEPT AND AGREE TO COMMUNICATION VIA ELECTRONIC DELIVERY FROM OUR WORLD MONTESSORI.

IF NOT WITH BOTH PARENTS, WITH WHOM DOES THE CHILD RESIDE?

FIRST PARENT TO CONTACT: (CIRCLE PHONE WE SHOULD CALL FIRST)

NAME & RELATIONSHIP

PHONE

PHONE

SECOND PARENT TO CONTACT: (CIRCLE PHONE WE SHOULD CALL FIRST)

NAME & RELATIONSHIP

PHONE

PHONE

FOR FAMILIES NEW TO OUR WORLD MONTESSORI:

HOW DID YOU LEARN ABOUT OUR SUMMER PROGRAMS?

IN WHAT SCHOOL & GRADE LEVEL IS YOUR CHILD ENROLLED FOR SEPT 2020?

PARENT / GUARDIAN SIGNATURE:

DATE

Please note: your child's application will be processed once we have received the completed registration form, payment, and medical statement/immunizations. New York State requires an annual physical and immunization records for every camper in our program. **A non-refundable deposit of 50% of your child's total tuition must accompany this application to reserve his/her space.** Payment in full is due by June 1 to secure your child's space in our program. An additional \$50 fee will apply if tuition is not paid by your child's first day. No refunds, credits, or exchanges will be issued for summer programs for any reason.

***5% Discount if paid in full by May 1st.**

I give Our World Montessori permission to use photography of my child for internal use and promotional materials. Child's name will never be used. Yes No

Our World Montessori is an inclusive community committed to the principal of diversity. We do not discriminate on the basis of race, color, national or ethnic origin, religious or spiritual beliefs, gender, sexual orientation, family configuration, political affiliation, or marital status in the administration of our employment, educational or admissions policies, or tuition assistance programs.

Enrollment

You have a choice of MTW or WTF for a 3-day schedule. Our 4-day schedule is MTTF. For a 3-day schedule, please indicate your preference of days per week with an X. Mark with an X half or full day and morning/aftercare options (if applicable). **If you are registering for only 1 week of a 2-week session, prices for 1-week session will apply.** Calculate summer program tuition using the tuition information section below. Please note the age range for each program.

Half Day: 8:45am - 12:45 pm

AM Care: 8:00 am - 8:45 am

Extended Day: 8:00 - 5:30 pm

Full Day: 8:45 am - 3:15 pm

PM Care Early: 3:15pm - 4:30 pm

Doves (All toddlers from the 2019 - 2020 school year and 3-year-olds new to OWM)

SESSION #	MTW	WTF	MTTF	MTWTF	HALF DAY	FULL DAY	AM CARE	PM CARE EARLY	EXTENDED DAY	TUITION/SESSION
#1: 6/22-7/3										
#2: 7/6-7/17										
#3: 7/20-7/31										
#4: 8/3-8/14										
#5: 8/17-8/28										

Cardinals (Current Children's House students and 4-6 years old new to OWM)

SESSION #	MTW	WTF	MTTF	MTWTF	HALF DAY	FULL DAY	AM CARE	PM CARE EARLY	EXTENDED DAY	TUITION/SESSION
#1: 6/22-7/3										
#2: 7/6-7/17										
#3: 7/20-7/31										
#4: 8/3-8/14										
#5: 8/17-8/28										

Pricing: 1-week Session

	3 Days	4 Days	5 Days	AM CARE	PM CARE EARLY	EXTENDED DAY
half days	\$130	\$155	\$180	\$30	\$45	\$75
full days	\$165	\$195	\$225			

Pricing: 2-week Session

	3 Days	4 Days	5 Days	AM CARE	PM CARE EARLY	EXTENDED DAY
half days	\$235	\$285	\$320	\$45	\$65	\$110
full days	\$305	\$355	\$400			

Total Due: _____

EMERGENCY CONTACT INFORMATION

NAME OF CHILD

DATE OF BIRTH

PERSON OTHER THAN PARENT TO BE NOTIFIED IN AN EMERGENCY SITUATION WHEN PARENT IS NOT AVAILABLE

EMERGENCY CONTACT'S NAME AND PHONE NUMBER

RELATIONSHIP TO STUDENT

NAMES AND PHONE NUMBERS OF PERSONS OTHER THAN PARENTS TO WHOM CHILD MAY BE RELEASED

PARENT HANDBOOK RECEIPT

This statement confirms that I have read, understand, and agree to abide by the policies contained within Our World Montessori's Parent Handbook. **I acknowledge that OWM is a peanut-free school.** In consideration of the acceptance of my child as a student in this program, and having satisfied myself that supervision and attention to safety are prudent and reasonable, I agree to indemnify and hold harmless the program and its staff against all claims and demands made by or on behalf of my child, including through or by me, my spouse, or the legal guardian of the child.

MEDICAL INFORMATION

My child has been medically diagnosed with a life-threatening allergy to _____
(Please attach physician's diagnosis and instructions for allergic reactions)

Topical solution authorization: Please note that sunscreen must be sent to school in its original packaging showing the name of the product and application instructions.

I give Our World Montessori permission to apply _____ on _____
NAME OF SUNSCREEN CHILD'S NAME

PHYSICIAN PREFERRED FOR EMERGENCY MEDICAL TREATMENT

PHONE

HOSPITAL PREFERRED FOR EMERGENCY TREATMENT

HEALTH INSURANCE COMPANY

INSURANCE POLICY/ID NUMBER

I hereby give permission to Our World Montessori to secure emergency medical treatment for my child. I agree that this document will be valid until I withdraw permission in writing.

SIGNATURE OF PARENT OR GUARDIAN

DATE

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child: _____	Date of Birth: / /	Date of Examination: / /
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Immunizations required for entry into day care

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s). Yes No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	5 th Date / /
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date OR 1 st Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Hepatitis B	1 st Date / /	2 nd Date / /	3 rd Date / /		
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /			
Varicella (also known as Chicken Pox)	1 st Date / /	2 nd Date / /			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
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Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

Tests

Tuberculin Test Date: / / Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /
 Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year / / Result: _____ mcg/dL Venous Capillary

2 years / / Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):
 / / Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.
 If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

