



**Bloomington Montessori School 2014  
Summer Camp Registration  
One Registration Form *Per Student***

Student's Name: \_\_\_\_\_  
 Student's Age & Grade for the 2014-15 school year: \_\_\_\_\_

**PAYMENT DUE by the first day of each summer camp session.**

**ALL DAY PRESCHOOL: PLEASE CIRCLE SESSION(S) ATTENDING**

**SESSION/TEACHER    CAMP NAME    COST**

<b>SESSION 1</b> Option 1: French <b>OR</b>	Mrs. True JUNE 2-JUNE 13	Total Cost: \$390
Option 2: Intro to Montessori and Cooking <b>OR</b>	Mrs. Waxler, Mrs. Cusack and Ms. Miller JUNE 2-JUNE 13	Total Cost: \$390
<b>SESSION 2</b> Option 1: Gardening <b>OR</b>	Ms. Wegerson JUNE 16-JUNE 27	Total Cost: \$390
Option 2: Art	Mrs. Cusack JUNE 16-JUNE 27	Total Cost: \$390
<b>SESSION 3</b> Physics and Construction	Mrs. Waxler JUNE 30-JULY 3* *Four day session	Total Cost: \$156
<b>SESSION 4</b> Spanish	Mrs. Clark JULY 7-JULY 18	Total Cost: \$390

**HALF DAY PRESCHOOL: PLEASE CIRCLE SESSION(S) ATTENDING**

<b>SESSION/TEACHER</b>	<b>CAMP NAME</b>	<b>COST</b>
<b>SESSION 1</b> Intro to Montessori	Mrs. Waxler and Mrs. Cusack JUNE 2-JUNE 13	Total Cost: \$245
<b>SESSION 2</b> Gardening	Ms. Wegerson JUNE 16-JUNE 27	Total Cost: \$245
<b>SESSION 3</b> Physics and Construction	Mrs. Waxler  JUNE 30-JULY 3* *Four day session	Total Cost: \$98
<b>SESSION 4</b> Music	Mrs. Cusack  JULY 7-JULY 18	Total Cost: \$245

**ELEMENTARY: PLEASE CIRCLE SESSION(S) ATTENDING AND AFTERCARE, IF DESIRED**

<b>SESSION/TEACHER</b>	<b>CAMP NAME</b>	<b>COST</b>	<b>AfterCare</b>	<b>TOTAL DUE</b>
<b>SESSION 1</b> Time Travelers	Mrs. Miller  JUNE 2-JUNE 13	Total Cost: \$280	AfterCare \$65 YES/ NO	\$
<b>SESSION 2</b> Summer Circus Stars	Ms. Sheets & Ms. Dorwin  JUNE 16-JUNE 27	Total Cost: \$280	AfterCare \$65 YES/ NO	\$
<b>SESSION 3</b> Camp Challenge	Mrs. Miller  JUNE 30-JULY 3* *Four day session	Total Cost: \$112	AfterCare \$28 YES/ NO	\$
<b>SESSION 4</b> Construction Camp	Mr. Bailey  JULY 7-JULY 18	Total Cost: \$280	AfterCare \$65 YES/ NO	\$



**2014 Bloomington Montessori School  
Summer Camps  
Student Information Form**

**One form per student** must be filled out along with the summer camp registration form.

Student Name \_\_\_\_\_  
Address \_\_\_\_\_  
Age \_\_\_\_\_ Last grade level completed: \_\_\_\_\_

Parents' Names:  
Father \_\_\_\_\_  
Cell # \_\_\_\_\_  
Home # \_\_\_\_\_  
Email \_\_\_\_\_  
Mother \_\_\_\_\_  
Cell # \_\_\_\_\_  
Home # \_\_\_\_\_  
Email \_\_\_\_\_

In case of emergency, I grant permission for emergency medical treatment.  
INITIALS: \_\_\_\_\_

In case of illness, or an accident, whom should we call if we are unable to reach you?

Name _____	Name _____
Cell # _____	Cell # _____
Home # _____	Home # _____
Email _____	Email _____
Doctor _____	Phone# _____
Medications _____	Allergies _____

Does your child require an Epi-Pen? \_\_\_\_\_

\_\_\_\_\_  
Parent Name (please print)

\_\_\_\_\_  
Parent Signature



**Bloomington Montessori School**  
1835 S. Highland Avenue - Bloomington, IN 47401- 812-336-2800

**2014 Summer Camp ALL-PURPOSE PARENT PERMISSION FORM FOR  
FIELD TRIPS, STUDY-TRAVEL ACTIVITIES  
AND TRANSPORTATION FOR CO-CURRICULAR ACTIVITIES**

I/We, the parents/guardians of the student(s) : \_\_\_\_\_  
hereby grant permission for our son/daughter for the following, including, but not limited to, participation and transportation to and from Bloomington Montessori School for Field Trip and study travel activities. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems may arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). We further agree to release and hold harmless the school, Bloomington Montessori School Board of Directors, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants emergency medical attention, I understand every effort will be made to contact me to obtain my parental authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that a student must return to Bloomington Montessori School independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

\_\_\_\_\_  
Parent/Guardian Name (Please Print): \_\_\_\_\_  
Date: \_\_\_\_\_

Parent/Guardian (Signature): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_

My child needs the following when traveling to and from a school sponsored activity.

- Car Seat
- Booster