

Trinity Montessori School

World Wonder Workshops

REGISTRATION



Child's Name: _____

Child's Birth Date: _____ / _____ / _____

Mother/Guardian: _____

Phone # _____

Email _____

Father/Guardian: _____

Phone # _____

Email _____

Emergency Contact

Name _____

Phone # _____

Relationship to child _____

WEEK SELECTION:

WORKSHOPS:

Half Day \$175 Full Day \$275

Morning Session 8:45am-11:45am
Lunch and Recess: 11:45am – 12:45pm
Afternoon Session 12:45 – 2:45

Week 1 (July 10-14) Music/Art/Drama

___ Half Day ___ Full Day

Week 2 (July 17-21) Woodworking/Kid's Carpentry

___ Half Day ___ Full Day

Week 3 (July 24-28) Cooking/Global Studies

___ Half Day ___ Full Day

Week 4 (July 31 – August 4) Botany/Gardens/Ecology

___ Half Day ___ Full Day

Week 5 (August 7-11) Writing/Poetry/Publishing

___ Half Day ___ Full Day

Week 6 (August 14-18) Sports/Movement/Dance

___ Half Day ___ Full Day

BEFORE & AFTER CARE:



This program is only offered to children ages 3+
Before and After Camp Care is available for an additional charge of \$7.00 per hour:

- Before Care runs from 7:30am – 8:45am
- After Care runs from 2:45pm – 5:30pm

___ Yes, my child will use Before Camp Care

___ Yes, my child will use After Camp Care

___ No, my child does not need Before/After Care

Before Care hours needed: _____ to _____

After Care hours needed: _____ to _____

PAYMENT INFORMATION:

Upon completing this form, I agree to submit a non-refundable deposit of \$125.00 to Trinity Montessori School for each child enrolled in the World Wonder Workshops. I understand that this deposit will be used as a down payment toward the full cost of the program and that the remainder of my cost must be paid to Trinity Montessori School by June 30, 2017.

Signature: _____

Date: _____ / _____ / _____

MEDICAL INFORMATION

New York State Public Health Law now requires written parental permission for a child to carry and use sunscreen at school. Trinity will keep the parental permission slip on file and allow our staff to oversee your child's self-application of sunscreen. If a child requests assistance, the staff will assist as provided by the written authorization of the parent. I hereby give permission for my child to carry and use sunscreen at Trinity and to use it throughout the day. If my child needs help re-applying sunscreen, I give permission for Trinity staff to provide my child with assistance if requested.

Parent/Guardian Signature

PLEASE complete a **Medical Form only if your child has an Allergy and/or severe medical concern.*