



# Registration Form

**Child's Name:**

1. \_\_\_\_\_

**Child's Birth Date:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Child's Name:**

2. \_\_\_\_\_

**Child's Birth Date:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian 1 Name:**

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian 2 Name:**

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Our family will follow the guidelines for Health and Wellness as set forth by Trinity Montessori.

## Health & Medical

*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.*

## After Care

To enroll in ASC, your child must be **3 by the date** they start camp and toilet-trained.

After Care is available for an additional charge of \$7.00 an hour.

**After Care Hours: 12:00pm – 4:30pm**

If you need AC for your child, please indicate your needs below with the week your child will be attending Little Wonders. Please indicate your time of pick up so we can staff appropriately. AC hours may change to reflect need of families.

## Register Your Child



-- select week(s) below --

9:00am – 12:00pm // \$200.00 per week

\_\_\_\_\_ **All Three Weeks**

ASC needed / Pick Up time \_\_\_\_\_

\_\_\_\_\_ **Week One (June 12 – 16)**

**All That Shine!**

ASC needed / Pick Up time \_\_\_\_\_

\_\_\_\_\_ **Week Two (June 19 – 23)**

**Feathers, Flight, and Bird Calls**

ASC needed / Pick Up time \_\_\_\_\_

\_\_\_\_\_ **Week Three (June 26 – 30)**

**Soccer Shots**

ASC needed / Pick Up time \_\_\_\_\_

## Payment Information

Please submit the non-refundable deposit of \$100.00 to Trinity Montessori School for each child enrolled in Little Wonders.

Please process the \$100 deposit on my ACH account

**The remainder of the full cost will be invoiced and is due to be paid to Trinity Montessori School no later than June 2, 2023.**

Please process the remaining balance on my ACH account

PRINT NAME

SIGNATURE

**For Office Use:**

Date Received \_\_\_\_\_ Staff Initials \_\_\_\_\_