



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 _____

Half Day \$200 / Full Day \$300

Morning Session 9:00am-12:00pm
 Lunch and Recess: 12:00pm – 12:45pm
 Afternoon Session 12:45pm – 3:00pm

WEEK SELECTION

WORKSHOPS

Week 1 (July 10-14)

___ Half Day ___ Full Day

Week 2 (July 17-21)

___ Half Day ___ Full Day

Week 3 (July 24-28)

___ Half Day ___ Full Day

Week 4 (July 31- August 4)

___ Half Day ___ Full Day

Week 5 (August 7-11)

___ Half Day ___ Full Day

Week 6 (August 14-18)

___ Half Day ___ Full Day

Cooking Club/Gardening
 Cooking Club with Chefs of Rochester

Fine Art Drawing/Clay Works
 Fine Art drawing with Briget

Soccer Shots/Sports
 The children's soccer experience

Soap Box Derby/Obstacle Courses

Tae Kwon Do/Culture Study

Max Velocity/Wall Climbing
 Run! Dash! Go! Go! Go! Fitness and running for kids of all ages!

AFTER CAMP CARE

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

After Care runs from 3:00pm – 4:30pm

___ Yes, my child will use After Care
 ___ No, my child does not need After Care

After Care hours needed: ___ to ___

Registration is limited!

PAYMENT

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 July 7, 2023.

Signature: _____

Date: ___ / ___ / ___

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

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.

For Office Use:
 Date Received _____
 Staff Initials _____