



NEW HORIZONS MONTESSORI
 59 Cranbury Road, Princeton Jct., NJ 08550
 Tel: (609) 275-8666

2011 Summer Camps Enrollment Application

I am registering my child _____ at New Horizons Montessori for the following summer program(s).

Attached is a check for the camp fee (fee for the entire summer bookings is required.) If you are using MasterCard or Visa for this payment, the entire summer fee must be paid in full at the time of registration.

I understand that the fee is non-refundable and will not be adjusted towards any other program nor will there be any compensatory days for absence due to any reason.

Academic Enrichment Camp / Combination Camp (When selecting Combination Camp, please fill chosen sessions for Academic Enrichment and Summer Fun Camp, in the separate sections, below.)

If you choose Combination Camp then your child will attend Enrichment class at 1 pm.

Class Times: 9:00 am; 1 pm. Each class lasts 1 hour 30 min.

Session	Chosen Class Time	Enrichment class	Enrich/Combination (circle)
Jul 5 – Jul 15 (closed July 4)		Language	
Jul 18 – Jul 29		Math	
Aug 1 – Aug 12		Language	
Aug 15 – Aug 19		Math	

Summer Fun Camp

Please check below your chosen option.

1. Attending 2 months, June 27 - August 26, (July 4-closed) same times as academic year program.

Mark days and sessions (Full Day/Half Day (with or without lunch)/Extended Day) below and mention if it is different from school year attendance.

2. If not attending entire summer camp:

Check Weeks – Full Day (FD)/Half Day (HD)/ Extended Day (EXTD) attending this summer.

Include full payment for the chosen attendance days/weeks with this application.

Attendance Requested: Age Group: ___Pre-primary ___Primary/Kindergarten

(18 mos-3yrs old non toilet trained)

(3-6 yrs old toilet trained)

Week/ Dates	Full Day/HD+Lunch/ ExtdDay Day/Half FD (circle one)	Full Week	Days of the Week (circle)	Lunch hour/ Extra hours (circle/write in)
#1 Jun27 – July 1	FD/HD/EXTD		Mon,Tu, Wed, Th, Fri	
#2 Jul 5 – 5 (closed July 4)			Tu, Wed, Th, Fri	
#3 Jul 11 - 15			Mon, Tu, Wed, Th, Fri	
#4 Jul 18 - 22			Mon, Tu, Wed, Th, Fri	
#5 Jul 25– Jul 29			Mon, Tu, Wed, Th, Fri	
#6 Aug 1- 5			Mon, Tu, Wed, Th, Fri	
#7 Aug 8 -12			Mon, Tu, Wed, Th, Fri	
#8 Aug 15 – 19			Mon, Tu, Wed, Th, Fri	
#9 Aug 22 – 26			Mon, Tu, Wed, Th, Fri	

Child's Name _____ Male/Female _____

Date and Place of Birth: _____ Current Age: _____

Parent(s)

Address(es) _____

Has the child attended pre-school/day care before: Y/N. If yes, where and for how many days/hours per week. How long ago did he/she attend prior to this application?

Home Phone Numbers: _____ Cell #: _____

Email Address (PRINT): _____

Status of parents: Married ___ Separated ___ Divorced ___ Single ___ Widowed ___

Mother's Name _____

Place of Employment: _____

Work Phone: _____ Cell #: _____

Father's Name _____

Place of Employment: _____

Work Phone: _____ Cell #: _____

If there has been a custody decision, please list the name(s) of persons **NOT PERMITTED** to pick up your child from camp: _____

Please list two persons who will pick up, if necessary, and assume responsibility for the care of your child in case of emergency.

Name _____ Address: _____

Tel: (Work) _____ Home: _____ Cell: _____

Name _____ Address: _____

Tel: (Work) _____ Home: _____ Cell: _____

Please Let Us Know.....

Does the child have special needs? _____

Is there anything you **do not** want your child to have for snack? (Sweets, ice cream etc.)

Has your child been toilet trained and for how long?

Has your child attended pre-school/day-care? If yes, how long ago and for how many hours/days per week? _____

Is your child prone to any of the following? Answer Yes or No

Ear infections _____ High Fevers _____ Convulsions _____ Colds _____

Allergies _____ Rashes _____ Allergic to specific

medication _____

Special Instructions/Comments...

Parent Signature: _____ Date _____

Print Name: _____

Continued.....

EMERGENCY MEDICAL RELEASE FORM

In the event of an emergency and treatment is immediately necessary, I hereby give permission to New Horizons Montessori, to administer emergency treatment for my son/daughter at a medical office/hospital. For this purpose I/we give permission to release my child's necessary medical information to such a facility.

USE OF WADING POOL

I/we understand that our child will be participating in water play that may include using the wading pool. Through this note I/we allow the child's participation in these activities.

POLICY ON EXPULSION

I/we understand that the state requires the school to define an expulsion policy, which is stated below.

It is the camp policy that a child may be expelled from the camp immediately, if

- a) The child's behavior in the classroom is disruptive for the class or is detrimental to the well being of other children or staff or the behavior is dangerous.
- b) The child/parents do not comply with the camp policy and/or administrative directives.
- c) The parents/guardians' behavior towards the camp administration/staff is aggressive/abusive.

However, if in view of the camp administration the circumstances do not warrant immediate removal of child from the camp, a time limit may be given for parents to find alternative arrangements for the child being expelled.

Parent's signature: _____

Date: _____