



# Montessori School of Long Grove 2019 SUMMER PROGRAM REGISTRATION

Applicant's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Family Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

## SELECT PROGRAM

Pricing per session: Half Day \$400    Lunch Bunch \$50    Full Day \$600

Session 1: June 17-28    THESE ARE THE PEOPLE IN YOUR NEIGHBORHOOD  
 Half Day 8:30 – 11:30     Lunch Bunch 11:30 – 12:30     Full Day 8:30 – 2:30

Session 2: July 8 – 19\*    EXPRESS YOURSELF  
 Half Day 8:30 – 11:30     Lunch Bunch 11:30 – 12:30     Full Day 8:30 – 2:30

Session 3: July 22-August 2    YOU'VE GOT TO MOVE IT, MOVET IT  
 Half Day 8:30 – 11:30     Lunch Bunch 11:30 – 12:30     Full Day 8:30 – 2:30

\* No camp week of July 1

## PAYMENT / DEPOSIT

Registration deposit reserves a place for your child, is part of the total listed above and is NOT REFUNDABLE.

\$100    Tuition for session 1 due June 17, 2019  
Tuition for session 2 due July 8, 2019  
Tuition for session 3 due July 22, 2019

Emergency form required by the school must be complete, and on file prior to the first day of attendance (see other side)➔

Parent Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

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

MSLG use only:  Deposit \_\_\_\_\_

Balance \_\_\_\_\_

Accepted: \_\_\_\_\_

**Montessori School of Long Grove  
EMERGENCY FORM**

Parent: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Parent: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

In case of emergency, who may we contact if there is no one at home? Please list in the order you wish the contact to be made. Emergency contact may pick up student from school.

1. Name: \_\_\_\_\_

Phone (day): \_\_\_\_\_

Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Phone (day): \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone (day): \_\_\_\_\_

Relationship: \_\_\_\_\_

4. Name: \_\_\_\_\_

Phone (day): \_\_\_\_\_

Relationship: \_\_\_\_\_

**Does the student have:**

Allergies? Yes No To drugs, food, insects, pollen? \_\_\_\_\_  
 Has the allergy required emergency action in the past? Yes No  
 Comments \_\_\_\_\_

Bee Sting Allergy? Yes No Describe reaction \_\_\_\_\_  
 Difficult breathing? Yes No

Asthma? Yes No Need emergency medication? Yes No  
 Triggered by \_\_\_\_\_  
 Treatment \_\_\_\_\_

Diabetes? Yes No Diagnosed by doctor \_\_\_\_\_ Date \_\_\_\_\_  
 Epilepsy/Seizures? Yes No Takes insulin? Yes No Date diagnosed \_\_\_\_\_

Describe seizure \_\_\_\_\_  
 Date of last seizure \_\_\_\_\_ Medication \_\_\_\_\_

Heart Condition? Yes No Is student currently under doctor's care for seizures? Yes No  
 Describe \_\_\_\_\_

Bone or joint problems? Yes No Any physical restrictions? \_\_\_\_\_ Medication? Yes No  
 Describe \_\_\_\_\_

Any physical restrictions? \_\_\_\_\_

**Circle the following regarding health concerns that pertain to student:**

Eyes: glasses contacts difficulty seeing reading crossed lazy eye distance  
 Ears: frequent infections tubes: right left hearing difficulty, explain \_\_\_\_\_  
 hearing aid: wear at school, right left

Other: nosebleeds eating sleeping lungs neurologic headaches phobias ADD/ADHD dental skin  
 other \_\_\_\_\_

Daily medication at home? Yes No At School? Yes No Emergency Only? Yes No

Name of medication and reason for taking \_\_\_\_\_

Condition that prevents PE participation \_\_\_\_\_

Other health information or concerns \_\_\_\_\_

*I understand this information may be shared with the appropriate staff. I give permission to staff members to administer first aid and/or CPR if necessary. In case of emergency, when neither parent can be reached, my child may be taken to the hospital if deemed necessary by the school and/or paramedics. I will be responsible for the emergency medical and transportation charges.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_