

Another Way Montessori

Summer Session Registration Form

Education through Exploration and Specialty Camps

Child's name: _____ Birth Date: _____
Home Address: _____ Home phone: _____
Mailing Address: _____

Name of Mother: _____ Occupation: _____
Work Address: _____ Work Phone: _____
Email address: _____ Cell Phone: _____

Name of Father: _____ Occupation: _____
Work Address: _____ Work Phone: _____
Email address: _____ Cell Phone: _____

Who other than a parent is authorized to drop off and pick up your child?

Name _____ Relationship _____
Address _____ Phone _____

Name _____ Relationship _____
Address _____ Phone _____

Name _____ Relationship _____
Address _____ Phone _____

In an emergency, parents are called first, and then the persons listed below:

Name _____ Relationship _____
Address _____ Phone _____

Name _____ Relationship _____
Address _____ Phone _____

Name _____ Relationship _____
Address _____ Phone _____

All registration deposits are held in an escrow account to be appropriately credited at the time of service.

Extended Care hours are from 8:00 am – 9 am and 3 pm – 6 pm. Extended care or early drop off must be arranged with staff. The cost is \$12.00 per hour. These fees are payable at time of service.

Late Pickup: Late pickup after 3 pm, if not prearranged, will be charged at \$10 for the first ten minutes (or part thereof), \$15 for the next ten minutes (or part thereof) and \$20 for each ten minute period thereafter (or part thereof). The late fee is due at the time of pickup.

Medical Emergency Signature

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and provide emergency medical transportation if necessary.

(Signature of Parent or Guardian) Date: _____

Transportation permission signature

_____ has my permission to accompany his or her class at Another Way on such educational excursions as are arranged during summer camp sessions. It is understood that the school will furnish supervision, but cannot be responsible in case of an accident. I hereby give the provider permission to transport my child in the provider’s vehicle for the following:

Scheduled activities _____ Field Trips _____ Daily errands _____ Other _____

_____ Date: _____

(Signature of Parent or Guardian)

Please check the sessions your child will be attending.

	<u>Education through Exploration</u>	<u>Advanced Frontier Skills</u>	<u>Advanced Horse Camp</u>
Week 1: July 6-10	Hiking \$275 _____	\$350 _____	\$300 _____
Week 2: July 13-17	Sports \$275 _____	\$350 _____	\$300 _____
Week 3: July 20-23	Nutrition/Cooking \$220 _____	\$280 _____	\$240 _____
Week 4: July 27-31	Intro to Frontier Skills \$275 _____	\$350 _____	\$300 _____
Week 5: August 3-7	Projects and Art \$275 _____	\$350 _____	\$300 _____

Please send a \$200 deposit that will be applied to camp tuition to Another Way Montessori * P.O. Box 682803 * Park City, Utah 84068. Fax the registration form to *Another Way Montessori*: 435.615.1015.

Subjects may be modified based on interest and weather. All subjects may not be covered in their entirety. Operation is from: 9 a.m. – 3 p.m. Daily, with aftercare available until 6 p.m. Snacks are provided midmorning and in the afternoon. Please pack bag lunches with food that can be eaten as is. We do not microwave. Due to Pioneer Day on the 24th, Week 3 is prorated.

Living Matrix Education, Inc. dba ***Another Way*** admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.