



Dear parents,

The open enrollment for Shamrock Montessori 2023 Preschool Summer Camp will start on February 9th. The camp is from July 3rd to August 25th, 8:45am – 3:30pm. (after school care is available)

The Registration Process:

1. Turn in the completed registration form.
2. Pay the tuition upon registration.
3. Turn in the parental consent for medical treatment form.

Summer Themes

- 1) July: Camping
- 2) August: Water/Ocean



Shamrock Montessori

2023 Preschool Summer Camp registration form:

Age: 2 ½ to 6 years old (full potty trained)

Date: July 3rd to August 25th

Tuition:

- **Registration fee:** \$300
- **Weekly (Half Day):** \$380 (8:45am – 12:00 pm, no lunch)
- **Weekly:** \$550
- **Full time: \$3960 (8 weeks, 10% off)**
- **After care:** 3:30 pm to 5:00 pm \$760 (8 weeks) \$105 Weekly \$30 Daily

Schedule: 8:45am – 3:30 pm (lunch is provided. School will provide milk, morning and afternoon snacks)

Please mark the boxes:

July: Camping

Week 1: July 3rd – July 7th (no school on July 4th)

Week 2: July 10th – July 14th

Week 3: July 17th – July 21st

Week 4: July 24th – July 28th

August: Water/ocean

Week 5: July 31st – August 4th

Week 6: August 7th – August 11th

Week 7: August 14th – August 18th

Week 8: August 21st – August 25th

Total: _____

I _____ (print parent's name), agree that there is NO refund of tuition for illnesses, absences. I understand that the fulltime camper discount ends after May 12th and any added week thereafter will be charged as the normal weekly tuition. I agree to pay the late pick-up fee \$2 per minute after 5:00pm.

Student name: _____

Birthday: _____

Signature of parent or guardian: _____

Date: _____



SHAMROCK MONTESSORI

PARENTAL CONSENT FOR MEDICAL TREATMENT

With the increasing sophistication of our medical systems, we are finding it expedient to have parental release forms in the unlikely event of an injury requiring medical treatment.

This release gives us permission to take your child to the nearest available medical facility and have the necessary treatment administered. This is not necessary from our perspective, but from your perspective, as many hospitals will not administer any medical attention to a minor without parental consent.

Therefore, would you please read the statement in capital letters below and add your signature to it. All that this does is give us the permission to seek whatever medical attention we deem necessary.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE REPRESENTATIVES OF SHAMROCK MONTESSORI THE PERMISSION TO ACT IN MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY BY THESE INDIVIDUALS. I GIVE PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO, USING THOSE MEASURES DEEMED NECESSARY.

Name of Student: _____ Date of Birth: _____

Name of Father: _____ Name of Mother: _____

Cell phone: _____ Cell phone: _____

Email: _____ Email: _____

Home Address _____ City _____ Zip _____

Signature of parent or guardian: _____

Date: _____

If parents are not available, please call relative or emergency contact below:

Name: _____ Phone: _____

Address _____ City _____ Zip _____

Does your child have any allergies? _____ (yes or no) If yes, please specify: _____

Does your child have any physical or medical conditions that would influence medical treatment? Please describe:

Child's insurance company: _____ Phone #: _____

Child's insurance company address: _____

Insurance policy number: _____