

Another Way Montessori

Summer Session Registration Form

Education through Exploration and Riding Camps

Child's name: _____ Birth Date: _____
Home Address: _____ H. 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 – 5 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 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)

Education through Exploration:

Weekly: Session 1 ____ Session 2 ____ Session 3 ____ Session 4 ____ Session 5 ____ Session 6 ____ Session 7

All camps include participation in the riding program and the water slide. All subjects in the sessions may be modified based on interest. All subjects may not be covered in their entirety.

Weekly rate: \$275 per week

Please check all the sessions your child will be attending and 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.

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