



Primary Spring Camp Enrollment Form 2018

Return this form and payment to the Main Office by March 2, 2018

Ages: 3 to 6 years old

Dates: March 12, 13, 14, 15, 16, 19, 20, 21, 22, 23

Partial Enrollment of No Less Than 2 Days Allowed (Based on Availability)

Time: 8am to 3pm (No Extended Care Available)

Cost: \$500 for Complete Camp or \$60 a Day (Minimum \$120)



PAYMENT ATTACHED FOR: _____ FULL PROGRAM \$500.00

OR

Dates my child will attend: _____12 _____13 _____14 _____15 _____16 _____19 _____20 _____21 _____22 _____23

_____ # of DAYS times \$60.00 = \$_____

(Priority will be given to those enrolling in the entire session. Parents will be notified of available space and dates by March 2, 2018. If space or dates are not available the payment will be returned.)

ALL ENROLLMENT FEES ARE NON REFUNDABLE

All Montessori School of Maui Camps are PEANUT FREE zones

Acknowledgment of Risk and Liability Release Agreement

I, _____ the undersigned as parent(s) or guardian(s) of _____, a minor, do hereby:

Allow the minor to pursue these activities with full knowledge of the possible risk to the minor

I give consent for Montessori of Maui, Inc., its officers, directors, agents, insureds, and employees to take action as it deems necessary for the safety and welfare of my child, including the handling of any and all medical affairs for the child, on my behalf and in my absence, should any medical situation occur when I am not present and where my authorization, release and permission is necessary prior to any treatment being rendered for my minor child. I further acknowledge that I will be responsible for all costs incurred.

The undersigned, on my own behalf and on behalf of the child, hereby releases, acquits, discharges, and holds harmless the Montessori of Maui, Inc., its officers, directors, agents, insureds, and employees from any liability, claims, denials, actions, cause of action and expenses whatsoever, arising out of, related to or connected with, directly or indirectly, any loss, damage, or injury, including death, to the child, and with regard to the treatment thereof, as a result of or in any way growing out of the acts or omissions of Montessori of Maui, Inc., its officers, directors, agents, insureds and employees. This release is to be as broad and inclusive as permitted by the State of Hawaii. I acknowledge that I have read and understand this document.

I understand that if my child has never been enrolled in Montessori School of Maui or if my child is coming from outside the United States I will need to provide and immunization record. My child will also need to have a physical and proof of a negative Tuberculosis Test from a US Licensed Physician before being allowed to attend.

STUDENT'S NAME (PLEASE PRINT) _____

Signature of Parent or Guardian #1 _____

Print Name Clearly _____

Date _____

Phones: Home: _____ Work: _____ Cell: _____

Mailing Address: _____

Signature of Parent or Guardian #2 _____

Print Name Clearly _____

Date _____

Phones: Home: _____ Work: _____ Cell: _____

Mailing Address: _____

Emergency Contact Name: _____ Phone #: _____