



# Primary Winter Camp Enrollment Form 2018

Return this form and payment to the Main Office by November 25, 2018

**Ages:** 3 to 6 years old

**Dates:** December 17, 18, 19, 20, 21

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

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

**Cost:** \$300 for Complete Camp or \$70 a Day (Minimum \$140)

**All Fees are Non-Refundable**



PAYMENT ATTACHED FOR: \_\_\_\_\_ FULL PROGRAM \$300.00

**OR**

Dates my child will attend: \_\_\_\_\_17 \_\_\_\_\_18 \_\_\_\_\_19 \_\_\_\_\_20 \_\_\_\_\_21

\_\_\_\_\_ # of DAYS times \$70.00 = \$ \_\_\_\_\_

(Priority will be given to those enrolling in the entire session. Parents will be notified of available space and dates by November 30, 2018. If space or dates are not available the payment will be returned.)

**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 #: \_\_\_\_\_