



After School Studio Sign-Up Form Winter 2019

Fill out this form and turn into the Main Office by Tuesday, December 11, 2018
 Separate checks are required for each studio. See Studio Schedule for individual studio schedules.

Ceramics Studio (LE-MS) Make checks payable to: <i>Sandra Guerard</i> _____ Mondays (\$140 for 7 Sessions) _____ Tuesdays (\$160 for 8 Sessions) _____ Fridays (\$160 for 8 Sessions)	Robotics Make checks payable to: <i>Montessori School of Maui</i> _____ \$205 Intermediate/Advanced (6 Sessions)- Mondays _____ \$235 Beginner 1/Beginner 2 (8 Sessions)- Fridays
Science Two (2nd through 4th Grade) Make checks payable to: <i>Emily Severson</i> _____ \$150 (8 Sessions)	Videography (UE-MS) Make checks payable to: <i>Jeffrey Friedman</i> _____ \$130 (7 Sessions)
Yoga Fitness (LE-MS) Make checks payable to: <i>Gloria DelRivo</i> _____ \$96 (8 Sessions)	Knitting (UE-MS) Make Checks payable to: <i>Jeffrey Friedman</i> _____ \$130 (7 sessions)

Acknowledgment of Risk and Liability Release Agreement

I, _____ the undersigned as parent(s) or guardian(s) of

_____, a minor, do hereby:

1. Allow the minor to pursue these activities with full knowledge of the possible risk to the minor
2. 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.
3. 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.

 Signature of Parent or Guardian

 Print Name Clearly

 Date

STUDENT'S NAME (PLEASE PRINT) _____

Home Phone _____ Contact Cell Phone _____

Parent Email _____

Please Note:

1. Classes are based on a minimum enrollment of children to be determined by the instructor.
2. Children not picked up at the end of the studio session will be sent to the Extended Day Program with an additional charge of the current Aftercare/hour fee, unless the child is already enrolled in Extended Day on a monthly basis.
3. Please send a nutritious snack for your child to enjoy.
4. Non-Montessori students may participate in studios with permission from the instructor; special waivers will need to be completed.