

Ages:

Dates:

Time:

3 years old to 6 years old

March 10, 11, 12, 13, 14, 17, 18, and 19

Partial enrollment of No Less Than 4 Days Allowed

8am to 3pm (No Extended Care Available)

Primary Spring Camp 2014 Enrollment Form

Cost: \$320 for Complete Camp or \$50 a Day- Minimum \$200 Payment attached for (Checks should be made out to Montessori School of Maui): __ Full Program (\$320) Dates my child will attend (4 day minimum): ____3/10 ____3/11 ____3/12 ____3/13 ____3/14 ____3/17 ____3/18 ____3/19 ____# of Days times \$50= \$_____ Acknowledgment of Risk and Liability Release Agreement 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. STUDENT'S NAME (PLEASE PRINT) Signature of Parent or Guardian #1 Print Name Clearly Phones: Home:______ Work:_____ Cell:_____ Mailing Address: Signature of Parent or Guardian #2 Print Name Clearly Date Phones: Home:______ Work:_____ Cell:_____ Emergency Contact Name:______ Phone #:_____