



**Welcome to Summer Camp 2019!** We are excited to offer different educational adventures bringing together fun, curiosity, culture, and community. Full day sessions are offered for \$300/week, and half day sessions are \$200/week. Sign up for 2 or more weeks and receive a 20% discount on each additional week!

**Register in just 2 simple steps:**

1. Complete this form, paying special attention to Page 3 (medical conditions/individual considerations). All sessions take place at ArborCreek Montessori Academy: 14445 Webb Chapel Rd, Farmers Branch, TX.
2. Send your completed form and \$150 deposit check to: ACMA 14445 Webb Chapel Rd, Farmers Branch, TX 75234. \*\*We can accept credit card payment; please contact [info@acmontessoriacademy.org](mailto:info@acmontessoriacademy.org). An invoice will be sent for any remaining balance.

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**Child's Information**

Name: \_\_\_\_\_  
 (First) (Middle) (Last)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone number \_\_\_\_\_ Sex (circle one): Male Female

**Session(s) requested (see detailed descriptions in flyer):** Please check the week(s) you'd like your child to attend and indicate Full Day (8:30 - 3:30) or Half Day (8:30 - 12:30; optional to stay for lunch\*\*). Child card available from 3:30 - 5:30 for \$50 per week; discounts for multiple weeks.

Session Options:

Circle *Full Day* or *Half Day*

- |   |             |          |
|---|-------------|----------|
| <input type="checkbox"/> Week 1: June 3 - 7   | Full day or | Half Day |
| <input type="checkbox"/> Week 2: June 10 - 14 | Full day or | Half Day |
| <input type="checkbox"/> Week 3: June 17 - 21 | Full day or | Half Day |
| <input type="checkbox"/> Week 4: June 24 - 28 | Full day or | Half Day |

\*\*\*\*Closed for the week of July 4th\*\*\*\*

- |  |             |          |
|--|-------------|----------|
| <input type="checkbox"/> Week 5: July 8 - 12     | Full day or | Half Day |
| <input type="checkbox"/> Week 6: July 15 - 19    | Full day or | Half Day |
| <input type="checkbox"/> Week 7: July 22 - 26    | Full day or | Half Day |
| <input type="checkbox"/> Week 8: July 29 - Aug 2 | Full day or | Half Day |

\*\*Lunch Policy: Campers are responsible to bring their own lunch. Healthy snacks and water will be provided throughout the day.



**Parent/Guardian Information:** Please provide the following information about your family:

Marital Status:  Married  Separated  Divorced  Single  Widowed

Child lives with:  Both Parents  Mother  Father

Mother's name: \_\_\_\_\_

Address: (Home Address – if same, write "same"): \_\_\_\_\_

1<sup>st</sup> # to call \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ D.L. No. \_\_\_\_\_

2<sup>nd</sup> # to call \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_ @ \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: (Home Address – if same, write "same") \_\_\_\_\_

1<sup>st</sup> # to call \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ D.L. No. \_\_\_\_\_

2<sup>nd</sup> # to call \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_ @ \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

**Emergency Contact (other than parent):**

Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

phone number \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

**Other Contacts**

Name	Relation to Child	Phone Number(s)
_____	_____	_____
_____	_____	_____



**Additional information (medical needs and other individual considerations):**

- Dietary Restrictions: Please write any/all food allergies, sensitivities and restrictions:

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- Medications and medical conditions: (If your child has medications that will be administered during the day, please request and complete the *Medication Dosage Schedule* form.)

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- Limitations on activity: Please indicate any activities that your child cannot participate in for physical, cultural or other reasons:

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Liability Release/Hold Harmless Agreement:

I have read and understand the descriptions of summer camp activities, I hereby release and agree to hold harmless ArborCreek Montessori Academy Inc. and its officials, agents and employees from any claims arising out of my child’s participation in summer camp, including but not limited to: accident, injury, loss of property, or damages. I also understand that in the event of emergency or medical need, I have given my permission for my child to receive medical treatment by the best means available.

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent or Guardian Printed Name)