

2019 BIG KID SUMMER CAMP APPLICATION

NAME OF CHILD (Last Name, First Name)				MALE	FEMALE	BIRTH DATE	
Address (Please include Street Address, City, State & Zip Code)							
SCHOOL DISTRICT						COUNTY	
PARENT 1/LEGAL GUARDIAN (Last Name, First Name) PARENT 2/LE					AL GUARDIAN (Last Name, First Name)		
PARENT 1 HOME ADDRESS (IF DIFFERENT FROM CHILD)					Parent 1 Phone		
PARENT 2 HOME ADDRESS (IF DIFFERENT FROM CHILD)					PARENT 2 PHONE		
PARENT 1 BUSINESS NAME & ADDRESS					PARENT 1 WORK PHONE		
PARENT 2 BUSINESS NAME & ADDRESS					PARENT 2 WORK PHONE		
NAME & ADDRESS OF CHILD'S PHYSICIAN					PHONE NO.		
PARENT 1 EMAIL PARENT 2 EMAIL					•		
LIST ALL SPECIAL MEDICAL, EDUCATIONAL OR DIETARY NEEDS (ALLERGIES, MEDICATIONS, SPECIAL CONDITIONS/DISABILITIES).							
Sessions		Time			Extended Care		
Session 1	() Jun 17-Jun 21	() 8:30-12:00	() 8:30-3:00				
Session 2	() Jun 24-Jun 28	() 8:30-12:00	() 8:30-3:00				
Session 3	() Jul 8-Jul 12	() 8:30-12:00	() 8:	30-3:00	8:00-8	3:30	3:00-5:00
Session 4	() Jul 15-Jul 19	() 8:30-12:00	() 8:	30-3:00	D	O((T)	D'. L. LL. T'
Session 5	() Jul 22-Jul 26	() 8:30-12:00	() 8:30-3:00		Drop Off Time		Pick Up Time
Session 6	() Jul 29-Aug 2	() 8:30-12:00		30-3:00			
Session 7	() Aug 5-Aug 9	() 8:30-12:00		30-3:00			
Session 8	() Aug 12-Aug 16	() 8:30-12:00	() 8:	30-3:00			
A non-refundable application fee of \$50 per family must accompany application. Due by April 30. If your child is 4 or younger, enrolled in the full-day program, do you want them to nap in the afternoon?YesNo If your child has not been enrolled at GMS during the 2018-2019 school year, a completed health assessment form will be required. New students enrolling in the summer program will be subject to an intake evaluation. Entrance into the summer program will be based upon the student's intake evaluation. A contract will then be prepared for signing.							
Parent or Guardian Signature						ate	

814 W. Linden St. Allentown PA 18101 610-435-4060 gschool@gracemontessori.org

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