



2020 TODDLER SUMMER CAMP APPLICATION

NAME OF CHILD (Last Name, First Name)		MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	BIRTH DATE
ADDRESS (Please include Street Address, City, State & Zip Code)				
SCHOOL DISTRICT			COUNTY	
PARENT 1/LLEGAL GUARDIAN (Last Name, First Name)		PARENT 2/LLEGAL 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	
Session 1	() Jun 15-Jun 19	() 8:30-12:00	() 8:30-3:00
Session 2	() Jun 22-Jun 26	() 8:30-12:00	() 8:30-3:00
Session 3	() Jul 6-Jul 10	() 8:30-12:00	() 8:30-3:00
Session 4	() Jul 13-Jul 17	() 8:30-12:00	() 8:30-3:00
Session 5	() Jul 20-Jul 24	() 8:30-12:00	() 8:30-3:00
Session 6	() Jul 27-July 31	() 8:30-12:00	() 8:30-3:00
Session 7	() Aug 3-Aug 7	() 8:30-12:00	() 8:30-3:00
Session 8	() Aug 10-Aug 14	() 8:30-12:00	() 8:30-3:00

Days per week: () 5 - Monday-Friday
 () 3 - Mon/Wed/Fri
 () 2 - Tue/Thu

Extended Care
 8:00-8:30 3:00-5:00

Drop Off Time Pick Up Time

A non-refundable application fee of **\$50 per family** must accompany application. **Due by April 1.**
 If your child has not been enrolled at GMS during the 2019-2020 school year, a completed health assessment form will be required.

Parent or Guardian Signature	Date
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814 W. Linden St. Allentown PA 18101 610-435-4060 gschool@gracemontessori.org

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