



2020 BIG KID 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-Jul 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

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 is 4 or younger, enrolled in the full-day program, do you want them to nap in the afternoon? ___Yes ___No
 If your child has not been enrolled at GMS during the 2019-2020 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	Date
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814 W. Linden St. Allentown PA 18101 610-435-4060 gschool@gracemontessori.org

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