

INTERNATIONAL SUMMER CAMP REGISTRATION FORM 2018

X Please be sure to sign bottom of this form.

*photo ID must be shown when picking up child from camp

Explorer Name: _____ M F Date of Birth: _____

Address: _____ City: _____ State _____ Zip _____

Parent/Guardian Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact/*Release Person: _____ Phone: _____ Relationship: _____

Emergency Contact/*Release Person: _____ Phone: _____ Relationship: _____

Special Instructions/Allergies: _____

Consent:

I understand that The Glen Montessori School assumes no responsibility for the injuries or illness in which my child may sustain as a result of my physical condition or resulting from my child's participation in any fitness or athletic activities, sports programs, the use of any equipment, or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for all injuries and illness which may result from my participation in these activities. In consideration of being permitted to enter The Glen Montessori School, I hereby release and discharge The Glen Montessori School and its administration, faculty, and/or employees from any and all claims for injury, illness, health, loss, or damage which I/my child may suffer as a result of my child's participation in these activities. I understand that The Glen Montessori School is not responsible for personal property lost or stolen, I understand the photographs of all participants can be used in promotional literature unless specifically stated in writing not to be used. My signature below identifies my understanding of the terms of this consent.

Parent's Authorization:

This child's health history is correct so far as I know and the person herein described has permission to engage in all prescribed activities, except as noted by me and the examining physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician elected by the Camp Director to hospitalize and secure proper treatment for my child as named above.

I have received and read the "Parent Handbook" section in the International Summer Camp Brochure. I hereby agree to follow the rules and policies set forth in the "Parent Handbook."

X _____

Signature of Parent/Guardian for consent and Parent Handbook Acknowledgement

Date

The Glen Montessori School Representative

The Glen Montessori School International Summer Camp 2018

Please choose the age group:

- ___ Investigators - Age 3 (Birthdate by June 4, 2018)
- ___ Adventurers - Age 4 (Birthdate by June 4, 2018)
- ___ Trailblazers - Age 5 (Birthdate by June 4, 2018)
- ___ Pathfinders - Ages 6-12 (Birthdate by June 4, 2018)

Daily Travel Itinerary

		M-Th 3-day	M-F 5-day
Morning Session:	8:30am-12:00pm	\$ 90.00	\$130.00
Regular Day Session:	8:30am-4:00pm	\$120.00	\$190.00
Full Day Session:	7:15am-5:55pm	\$160.00	\$260.00

	Please check <input checked="" type="checkbox"/> your choices:	Forms & Payment Due	AM Session 8:30am-12:00pm	Reg. Session 8:30am-4:00pm	Full Session 7:15am-5:55	3 Days (Circle your 3 days)	5 Days	Total Price
1	June 4-8 Australia	5-21-18				M T W Th		
2	June 11-15 Japan	5-21-18				M T W Th		
3	June 18-22 Indonesia	5-21-18				M T W Th		
4	June 25-29 Zimbabwe	5-21-18				M T W Th		
5	July 2-6 (closed 4 th) Algeria	6-18-18				M T W Th		
6	July 9-13 Italy	6-18-18				M T W Th		
7	July 16-20 Portugal	6-18-18				M T W Th		
8	July 23-27 Denmark	6-18-18				M T W Th		
9	July 30-Aug 3 United Kingdom	7-16-18				M T W Th		
10	August 6-10 Iceland	7-16-18				M T W Th		
11	August 13-17 Mexico	7-16-18				M T W Th		

Please make checks payable to: **The Glen Montessori School**

All Major Credit Cards are accepted.

For inquiries, email: InternationalSummerCamp@glenmontessori.org

*Only 5-day, regular, and full day students in Adventures, Pathfinders, and Trailblazers attend off-campus field trips

Total: _____

Date: _____