



Little Star Montessori School

Toddler Camp

July 8th - August 14th, 2008

9:00 a.m. – 1:00 p.m.

Tuesday, Wednesday, Thursday

Child's Name _____ Birth Date _____

Address _____ City _____ Zip _____

Parent Name _____ Day Phone _____ Evening Phone _____

Parent Name _____ Day Phone _____ Evening Phone _____

Local Emergency Contact _____ Phone _____

Allergies _____ Physician & phone _____

***** SPACE IS LIMITED REGISTER EARLY******

Please check the camps you want to attend and return with full payment to Little Star.

	Tue	Wed	Thur
July 8, 9, 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 15, 16, 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 22, 23, 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 29, 30, 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aug 5, 6, 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aug 12, 13, 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL # OF CAMPS _____ @ \$30/day

TOTAL PAYEMENT _____

Please select your camps carefully. If you withdraw your child from a camp, your registration fee will not be reimbursed unless we are able to fill your spot. In addition, if you decide to change camps, you will be charged a \$10 change fee. Thank you.

Please read and sign CONSENT AND RELEASE OF LIABILITY

I, the undersigned parent/guardian of this applicant, a minor, do hereby authorize the camp directors and/or instructors as Agents for the undersigned to consent to medical, surgical or dental examination, treatments, etc. In addition, I hereby release and discharge Little Star School from any and all claims for personal injuries. I agree that pictures taken during camp hours may be used for future promotional purposes.

Signature _____ Date _____

**Mail registration form and fee to: Little Star Montessori School
PO Box 608 / 509 Highway 20
Winthrop, WA 98862**

**Make checks payable to: Little Star Montessori School
For more information please call: 509-996-2801 ask for Nicole or Trudi**

For office use only
Date received: _____
Payment: _____
Release signed: _____