



# Little Star Montessori School

## 4 to 6 Year Old Camps

July 6 - August 12, 2010

9:00 a.m. – 2:00 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**

<input type="checkbox"/>	Bugs	\$110.00	July 6-8
<input type="checkbox"/>	Yoga	\$110.00	July 13-15
<input type="checkbox"/>	Theater	\$110.00	July 20-22
<input type="checkbox"/>	Spanish	\$110.00	July 27-29
<input type="checkbox"/>	Fairies & Gnomes	\$110.00	Aug 3-5
<input type="checkbox"/>	Pirates	\$110.00	Aug 10-12

**TOTAL # OF CAMPS** \_\_\_\_\_

**TOTAL PAYEMENT** \_\_\_\_\_

**Please read and sign**

### **ACKNOWLEDGEMENT OF POLICIES, CONSENT AND RELEASE OF LIABILITY**

I understand that if I withdraw my child from a camp, my registration fee will not be reimbursed unless Little Star is able to fill my spot. In addition, if I decide to change camps, I will be charged a \$10 change fee.

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: _____