



Little Star Montessori School

Toddler Camp

July 6 - August 12, 2010

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 6, 7, 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 13, 14, 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 20, 21, 22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 27, 28, 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aug 3, 4, 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aug 10, 11, 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL # OF CAMPS _____ @ \$32/day

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: _____