



# REQUEST FOR ENROLLMENT

## 2022 Summer Camp

Date of Application \_\_\_\_\_

Child's Name: \_\_\_\_\_

Name of Parent 1: \_\_\_\_\_ phone \_\_\_\_\_

Name of Parent 2: \_\_\_\_\_ phone \_\_\_\_\_

Child Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's email address: \_\_\_\_\_

My child naps: Yes \_\_\_\_\_ No \_\_\_\_\_

**I Approve of my child being photographed or videotaped for educational and marketing purposes.** Yes \_\_\_\_\_ No \_\_\_\_\_

**Sunrise Montessori has my permission to transport my enrolled child in a vehicle (licensed and insured driver) or school bus.** Please Note: General transportation permission will remain on file and function as a general permission form for the dates indicated until rescinded in writing by a parent or guardian. Additional forms specific to events may still be required as needed. Yes \_\_\_\_\_ No \_\_\_\_\_

### In addition:

- I understand, tuition is due in full at the time of enrollment. 3 Monthly installments are available with payment being withdrawn by ACH on the 5th of each month. I understand that late payments will be assessed a \$20 fee and 5th and a \$30 fee will be assessed for returned checks or ACH debits.
- I understand that no refund or prorate will be made for missed days, school vacations or holidays.
- I (we) undersigned, parent(s)/guardian(s) of a minor do hereby authorize Sunrise Montessori School and its adult employees, to consent to any EMERGENCY hospital care to said minor under the general supervision and upon advice of a physician. It is understood that this authorization is given in advance of any specific emergency diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of Sunrise Montessori School and its adult employees, to give specific consent to any and all such emergency diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his best judgment deem advisable. It is understood that I (we), the parents, will assume financial responsibility for costs incurred for treatment and/or hospital care. This authorization will remain effective as long as my child is enrolled in Sunrise Montessori School.

Signature of parent or guardian \_\_\_\_\_

## **Enrollment Options (Choose Below)**

Half-Day Session (8:30-11:30)

3 days \_\_\_\_\_ circle your preference (M, T, W, TH, F)

Full-Day Sessions (8:30-3:15)

5 days \_\_\_\_\_ M-F

4 days \_\_\_\_\_ circle your preference (M, T, W, TH, F)

3 days \_\_\_\_\_ circle your preference (M, T, W, TH, F)

### **I also need:**

\_\_\_\_\_ Before and/or after care (7:30-8:30 and 3:30-5:30)