

# Camp Cricket 2025 (2 year-olds)

I would like to enroll my child, \_\_\_\_\_, in *Camp Cricket* for the following sessions:

June 9 - June 27 \_\_\_\_\_

July 7 - July 25 \_\_\_\_\_

July 28 - Aug 15 \_\_\_\_\_

Half Day (9:00 -12:00) \_\_\_\_\_ **OR** Full Day (9:00 - 3:00) \_\_\_\_\_

I will usually need extended care for the following hours:

Morning Care: 8:00 - 8:30 \_\_\_\_\_ 8:30 - 9:00 \_\_\_\_\_

Aftercare: 3:00 - 3:30 \_\_\_\_\_ 4:00 - 4:30 \_\_\_\_\_ 3:30 - 4:00 \_\_\_\_\_ 4:30 - 5:00 \_\_\_\_\_

I AM ENCLOSING A **NON-REFUNDABLE DEPOSIT OF \$100** TO BE DEDUCTED FROM MY FINAL BILL.

## **EMERGENCY INFORMATION (PLEASE PRINT CLEARLY)**

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Number \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Emails \_\_\_\_\_ / \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Other people who can pick up my child: \_\_\_\_\_

### **Person to notify in an emergency (*if parents cannot be located*):**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Childhood Diseases \_\_\_\_\_

**Significant illness or physical handicaps or allergies** \_\_\_\_\_

Specify limitations in activities \_\_\_\_\_

Other comments \_\_\_\_\_

I give **University Montessori School / *Camp Cricket*** permission to administer/seek emergency medical treatment for my child.

**Parent's signature** \_\_\_\_\_ **Date** \_\_\_\_\_