

Miss Jill's Summer Art Camp Enrollment Form

Today's Date ___/___/___

Child's Name:		Today's Date:
DOB:	Grade in fall 2025:	Home Language:

Choose Date:

June 9th-13th, ages 4-7 • June 16th-20th, ages 4-7 • June 23rd-27th, ages 7 and up • June 30th-July 4th, Ages 7 and up • July 7th-11th, ages 4-7 • July 21st-25th, ages 4-7 • Aug 4th-8th ages 4-7

Parent/Guardian Information:

Parent/Guardian 1 Name:	Phone:
Address: _____	Email: Occupation:
Parent/Guardian 2 Name:	Phone:
Address: _____	Email: Occupation:

Check the appropriate box:

Parents married	Parents separated	Parents divorced	Mother remarried
Father remarried	Mother deceased	Father deceased	Other

Note: See parent handbook for court orders/agreements regarding custody

Allergies/Dietary Restrictions:

Child's General Health: _____

Child's current medication (if applicable): _____

Prior injuries, hospitalizations, serious illnesses: _____

Physician's Name:	Phone:	Hospital:
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Persons authorized to take child from school:

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

Financial responsibility for the student's summer program costs will be assumed by _____
 Address & Email, if different from parents'/guardians' _____

We welcome all applications without regard to race, religion, or ethnic or national background.

Signature of Parent 1: _____ Date: _____

Signature of Parent 2: _____ Date: _____

Vaccines up to date? **Yes/No**

MEDICAL RELEASE

I, hereby give my consent to the Montessori School of Westfield, Inc. to administer first aid; authorize necessary emergency treatment at a nearby emergency hospital and/or authorize a medical doctor to examine or treat the above listed children while they attend the Montessori School of Westfield, Inc., and on school related, off-campus activities. I agree to accept the financial responsibilities for any cost incurred in the treatment of any illness, accident or injury of the above-named minor.

I give permission for my child to take part in all school activities, including sports, and release the school from any liability to me or my child because of injury to my child at school or during any off-campus school activity

Parent/Guardian 1 *Signature* _____ Date _____

Parent/Guardian 2 *Signature* _____ Date _____