



# Cedar River Montessori Summer Program Enrollment Application Summer 2009

Office Use Only
Date Received _____
A/C _____

Please submit a non-refundable \$30.00 fee with this application.  
(Waived for current students)

## Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_  
Nickname \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Gender \_\_\_\_\_

**Program Requested:** See brochure for details and limitations.

<i>Early Childhood</i>	Full-day, 5 days a week Half-day Mornings	Full-day, 3 days a week Half-day Afternoons	M	T	W	Th	F
<i>Elementary</i>	5 Days a week	3 days a week	M	T	W	Th	F

There are limited spaces available for our 3 day a week program and are available to current families only.

**Check weeks attending:**

June 22	June 29	July 6	July 13	July 20
July 27	August 3	August 10	August 17	

Please describe previous swim instruction \_\_\_\_\_

## Family Information

Father or Guardian

Mother or Guardian

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Employer: \_\_\_\_\_  
Hours of Employment : \_\_\_\_\_  
Position: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Hours of Employment: \_\_\_\_\_  
Position: \_\_\_\_\_

## Emergency Contact Information

Who should be contacted first in case of emergency? \_\_\_\_\_

Please enter all applicable phone numbers and indicate the order in which to contact you in case of an emergency:

Father or Guardian

Mother or Guardian

Home Phone: \_\_\_\_\_ ( )  
Cell Phone: \_\_\_\_\_ ( )  
Work Phone: \_\_\_\_\_ ( )  
E-Mail: \_\_\_\_\_ ( )

Home Phone: \_\_\_\_\_ ( )  
Cell Phone: \_\_\_\_\_ ( )  
Work Phone: \_\_\_\_\_ ( )  
E-Mail: \_\_\_\_\_ ( )

With whom does the child live?      Both Parents      Mother      Father      Other: \_\_\_\_\_

## Alternative Emergency Contact and Authorized Student Pick Up List

Unless otherwise indicated the following persons are authorized as Emergency Contacts and can pick up my child if needed. They will be called if you cannot be reached. Please use a **different phone number** for each person.

<u>Name</u>	<u>Relationship</u>	<u>Daytime Phone</u>
1. _____		
2. _____		
3. _____		

Sibling Information

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

**Other Information**

Primary Language at Home: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

Briefly describe your child's personality, including strengths: \_\_\_\_\_

Are there any areas of concern we should be aware of? Please describe: \_\_\_\_\_

Are there any special family circumstances that we should be aware of? \_\_\_\_\_

How did you hear about Cedar River Montessori Summer Camp? \_\_\_\_\_

**Health Information and History**

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Has your child had any of the following:

- |                  |                         |                |
|------------------|-------------------------|----------------|
| Heart Trouble    | Frequent Colds          | Chickenpox     |
| Severe Allergies | Frequent Sore Throats   | Measles (Hard) |
| Convulsions      | Frequent Ear Infections | German Measles |
| Asthma           | Problems with Vision    | Mumps          |
| Fainting Spells  | Problems with Hearing   | Poliomyelitis  |
| Diabetes         |                         |                |

Date of last physical \_\_\_\_\_ Physician Name & Phone \_\_\_\_\_

Is there any other health or medical problem that we should be made aware of? \_\_\_\_\_  
If so please describe \_\_\_\_\_

Does your child have allergies and if so please describe them. \_\_\_\_\_

Certificate of Immunization Status: According to Washington Administrative Code 180-38-060 you are required by law to provide record your child's immunization statuses prior to enrollment in the program.

If you choose not to have your child immunized then you must fill out and sign either a personal or religious exemption. If you choose either of these in place of having your child immunized then you need to be aware that in the event of an outbreak of contagious disease your child may be excluded from services at CRMS. Immunization can be obtained from public health agencies or from your physician.

Cedar River Montessori School uses the Washington State Department of Health form DOH 348-013 "Certificate of Immunization Status" for all campers and such form will be provided you prior to your child receiving services at CRMS. This form must be filled out and by the appropriate parties indicated on the form.

Signature of Parent (s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_