

CHILDREN'S HOUSE OF HERSHEY

A Montessori Early Learning Center

2020 Summer Montessori Camp Application

Ages 3 – 6 / Two Sessions (4 days a week, Tuesdays – Fridays)

Circle Session(s) Selected: Session I – June 16 – July 3 / Session II – July 14 – July 31

Camper's Name _____ Birth Date _____

Address: _____ Home Tel: _____

Parent/Guardian Name(s) _____ / _____

Address: _____ Home Tel: _____

Bus. Tel(s): _____ / _____ Cell(s) _____ / _____

Email(s): _____ / _____

Special Medical & Allergy Instructions _____

MEDICAL & EMERGENCY CONTACT INFORMATION

Physician: _____ Address: _____ Tel: _____

Emergency Contact Other than Above:

_____ Address: _____ Tel: _____

I Give Permission for Camper To Also Be Released To the Following Person(s)

_____ Address: _____ Tel: _____

_____ Address: _____ Tel: _____

Session Cost: \$500.00

Amt. Rec'd _____ date _____

Date Rec'd _____ (signature)