

# MARIA MONTESSORI CHARTER ACADEMY SUMMER CAMP EMERGENCY CARD

|                                     |            |                |       |                   |
|-------------------------------------|------------|----------------|-------|-------------------|
| Student's Last Name                 | First Name | Birth Date     | Grade | SUMMER CAMP       |
| Mailing Address (Street, City, Zip) |            |                |       | (     )           |
|                                     |            |                |       | Home Phone Number |
| Physical Address (if different)     |            | E-Mail Address |       |                   |

NOTE: If an emergency occurs, the contact phone numbers on this form will be used to contact a parent, guardian or emergency contact. Please list all applicable contact numbers.

|                                        |      |      |      |
|----------------------------------------|------|------|------|
| Name – Mother / Step Mother / Guardian | Home | Work | Cell |
|----------------------------------------|------|------|------|

|                                        |      |      |      |
|----------------------------------------|------|------|------|
| Name – Father / Step Father / Guardian | Home | Work | Cell |
|----------------------------------------|------|------|------|

Parent(s) or guardian(s) child lives with \_\_\_\_\_

If parents are separated or divorced, to whom has physical custody been granted? \_\_\_\_\_

If my child is ill, has an emergency, or is suspended and I cannot be reached, please call and release my child to (must be over 18 years old and have ID):

|                          |      |      |      |
|--------------------------|------|------|------|
| Name – Emergency Contact | Home | Work | Cell |
|--------------------------|------|------|------|

|                          |      |      |      |
|--------------------------|------|------|------|
| Name – Emergency Contact | Home | Work | Cell |
|--------------------------|------|------|------|

|                          |      |      |      |
|--------------------------|------|------|------|
| Name – Emergency Contact | Home | Work | Cell |
|--------------------------|------|------|------|

|                  |              |                   |               |
|------------------|--------------|-------------------|---------------|
| Physician's Name | Phone Number | Insurance Company | Insurance ID# |
|------------------|--------------|-------------------|---------------|

- ☐ 1. In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical or hospital care, including necessary transportation, in accordance with their best judgment. I authorize the physician named above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.
- ☐ 2. I do not choose the above statement and desire the following action in the event of an emergency and I cannot be reached.

## PLEASE CHECK THE FOLLOWING ITEMS IF THEY PERTAIN TO YOUR CHILD

There are no known health problems ☐

### EYES

Wears Glasses ☐ To be worn at all times ☐

Wears Contacts ☐ To be worn at all times ☐

Comments: \_\_\_\_\_

### MEDICATION

Currently taking prescribed medication ☐

Prescribing physician \_\_\_\_\_

Medication \_\_\_\_\_

For \_\_\_\_\_

Medication needs to be taken at school ☐

If any medication (including over-the-counter) needs to be taken at school, the medication must be kept in the office and a medication form must be filled out and kept in the office.

### EARS

Has a hearing problem ☐

Has tubes in ear(s) ☐

Uses hearing aid ☐

Comments: \_\_\_\_\_

Has the following condition(s):

Diabetes ☐ Fainting Spells ☐

Epilepsy ☐ Heart Condition ☐

Migraines ☐ Asthma ☐

Hyperactive (ADHD) ☐

Has a life threatening medical condition ☐

Explain \_\_\_\_\_

Allergies ☐ (describe) \_\_\_\_\_

Allergic to bee stings ☐ (describe) \_\_\_\_\_

Other ☐ \_\_\_\_\_

Has a limiting mental condition ☐

Explain \_\_\_\_\_

### GENERAL HEALTH

By signing below, the parent(s)/guardian(s) certify under penalty of perjury that the information given on this form is true and accurate.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# MARIA MONTESSORI CHARTER ACADEMY

## SUMMER CAMP POLICIES

### BILLING OF BEFORE/AFTER CARE

Summer Camp hours are 9am-1pm Monday-Friday  
Before Care Hours are 7:30am-9am Monday-Friday  
After Care Hours are 1pm-6pm Monday-Friday

Before and aftercare will be billed at a rate of \$4 per hour or fraction thereof. Invoices will be issued at the end of each month and are payable within five business days. A \$25 late per child will be imposed if payment is not received within five business days. Failure to pay may result in your account being sent to collections.

Failure to pick up your child by 6pm on any given day will result in a \$1 per minute charge to your account.

Weekly, unlimited before and aftercare may be pre-purchased for \$70 per week.

\_\_\_\_\_  
(initials)

\_\_\_\_\_  
(initials)

### REFUND POLICY

- Registrants assume the risk of changes in personal affairs or health. Refunds will be approved with written/electronic notification received **seven** working days prior to scheduled start of program. A \$25 administrative fee will be deducted from the total refund.
- Registrant may choose to receive a credit for the remaining amount which may be used for another program. Credits **MUST** be used in the 2019 Summer Camp Program. After that time the credit will be forfeited. Credits are nontransferable.

\_\_\_\_\_  
(initials)

\_\_\_\_\_  
(initials)

### PG MOVIE PERMISSION

MMCA occasionally shows entertainment films during Summer Camp and Before and Aftercare. Sometimes these films are rated PG. Our philosophy embraces a conservative approach to selecting these films and we do not show films that include foul language, excessive violence, or sex.

MMCA requests permission to make selections of these films on your behalf. Your right as a parent to control your child's viewing is respected. Please indicate on the form below, your preference for our handling of this issue. Your child will not be allowed to view PG films without your approval.

\_\_\_\_\_ I give permission for my child(ren) to view films selected by the MMCA staff

\_\_\_\_\_ I would like to be notified in advance of each PG film shown from a commercial source.

\_\_\_\_\_ I do not give my permission for my child to view PG films

\_\_\_\_\_  
(initials)

\_\_\_\_\_  
(initials)

### PARTICIPATION AGREEMENT

I acknowledge, understand, and accept that there are inherent risks associated with participation in this program and that doing so could result in an injury. Maria Montessori Charter Academy (MMCA) assumes no liability for injuries or damages from the results of participation. I acknowledge the fact that MMCA does not provide accident insurance to its program participants. I certify that, to the best of my knowledge, my child is physically fit and, should this condition change at any time during the program I will notify the administration of MMCA Summer Camp immediately. MMCA has my permission to call 911 and/or to send my child to a hospital or emergency care facility, and the hospital and medical staff have my authorization to provide emergency treatment deemed necessary for the well being of my child. I agree to abide by all posted, written, or verbally communicated rules and regulations administered by MMCA staff concerning this program. I authorize MMCA to take, display, and publish photographs, slides or videos for promotional and/or educational purposes. I have read, understood, and accepted the terms of this participant's agreement as outlined.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child(ren's) Name(s)