

2020 Primary Summer Camp Registration

To register your child, please complete the registration form below by **April 13th** and enclose a check for a \$500 deposit per session, per child, made payable to International Montessori Academy. *Space is limited, and available on a first come, first served basis.*

Child's Name:		
Date of Birth:	Age:	
Address:	City:	Zip:
Phone (day):	Phone (home):	Email:

Summer Program 2020: (Please check) total of \$1,450.00 per Session

Remaining balance (after \$500 deposit) of \$950 for Session ONE due **June 1st**

Remaining balance (after \$500 deposit) of \$950 for Session TWO due **July 1st**

All camp days are M-F 8:00 am – 6:00 pm

Primary Session ONE: June 1 - June 30

Primary Session TWO: July 1 - July 31

*No camp July 3rd in observation of Independence Day

PARENT (OR GUARDIAN) <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	PARENT (OR GUARDIAN) <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.
Name:	Name:
Address:	Address:
_____ Zip: _____	_____ Zip: _____
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

EMERGENCY CONTACT <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	EMERGENCY CONTACT <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.
Name:	Name:
Address:	Address:
_____ Zip: _____	_____ Zip: _____
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

ADDITIONAL INFORMATION	Phone:
Primary Physician:	
Details of any allergies and/or medical concerns:	

I hereby give permission for my child to participate in Summer Camp at International Montessori Academy (IMA). I understand and hereby grant permission to IMA to authorize and consent to any emergency medical treatment, should IMA is unable to contact me (us) immediately. I hereby authorize any provider of medical services to rely on this consent form and further waive any claim against such provider with respect to any provision of emergency medical treatment.

Parent Signature:

Date:

1240 Euclid Avenue, Atlanta, Georgia 30307 **Phone:** 404.474.6375 **Email:** summercamp@imontessoriacademy.com

International Montessori Academy does not discriminate in admissions or placement on the basis of gender, race, color, creed, family structure, national or ethnic origin, sexual orientation, age, citizenship, military genetic information and permits them equal access to all the rights privileges, programs, and activities generally accorded or made available. No discrimination is made on these bases or other federally protected characteristic in any employment practices or enrollment decisions.

2020 Elementary Summer Camp Registration

To register your child, please complete the registration form below by **April 13th** and enclose a check for a \$50 deposit per week, per child, made payable to International Montessori Academy. *Space is limited, and available on a first come, first served basis.*

Child's Name:		
Date of Birth:	Age:	
Address:	City:	Zip:
Phone (day):	Phone (home):	Email:

Summer Program 2020: (Please check) week amount per Week listed below

Remaining balance (after \$50 per week deposit) dependent on number of weeks due **June 1st**

All camp days are M-F 8:00 am – 6:00 pm

Elementary Summer Camp June 3 – July 24

- Elementary week 1:** June 1 - June 5: \$300
- Elementary week 2:** June 8 - June 12: \$350
- Elementary week 3:** June 15- June 19: \$325
- Elementary week 4:** June 22 - June 26: \$310

- Elementary week 5:** July 1 - July 3: \$300
- Elementary week 6:** July 6 - July 10: \$350
- Elementary week 7:** July 13 - July 17: \$300
- Elementary week 8:** July 20 - July 24: \$310

*No camp July 3rd in observation of Independence Day

PARENT (OR GUARDIAN) <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	PARENT (OR GUARDIAN) <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.
Name:	Name:
Address:	Address:
_____ Zip: _____	_____ Zip: _____
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

EMERGENCY CONTACT <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	EMERGENCY CONTACT <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.
Name:	Name:
Address:	Address:
_____ Zip: _____	_____ Zip: _____
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

ADDITIONAL INFORMATION
Primary Physician: _____ Phone: _____
Details of any allergies and/or medical concerns:

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Parent Signature: _____

Date: _____

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