



**VERNON HILLS MONTESSORI ACADEMY**

21 W Hawthorn Pkwy Vernon Hills, IL 60061 | Phone: 847-918-0342 Fax: 847-573-9367  
Email : [info@vernonhillsacademy.com](mailto:info@vernonhillsacademy.com)

**SUMMER CAMP 2018 REGISTRATION FORM**

Please complete this form and return it with the appropriate fees. You can email, fax or drop at the school.

I \_\_\_\_\_ (name of the parent/parents) agree to pay the total summer tuition fee in full or in 2 installments. I understand that tuition fee term is not subject to adjustment because of illness, absence, withdrawal, or dismissal of the child from the Summer Program for any cause after the date of admission. Make checks payable to "V H Montessori". The following information is submitted as part of this application for my child.

New Student  Returning Student

Name of Camper \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Place of Birth \_\_\_\_\_

Email \_\_\_\_\_ Child's T-Shirt Size XS S M L

Name of Parent (Or person enrolling the camper) \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_  Check if you want TEXT REMINDERS

LIST 2 EMERGENCY CONTACTS IF WE CAN'T REACH PARENTS:

Name 1 \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Name 1 \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Physician to call if the child becomes Ill or Injured (Besides people listed above) \_\_\_\_\_  
Address: \_\_\_\_\_ Phone : \_\_\_\_\_

**Early Bird Registration Fee: \$100**

**Registration:** after Feb 1<sup>st</sup> 2018 - \$150 per child, after April 1<sup>st</sup> 2018 - \$200, after May 1<sup>st</sup> 2018 - \$220 (Includes secure spot, Field Trips, Camp Kit). **Deposit: \$250**  
We are asking Parents to purchase Summer Swim Pass from VH PARK DISTRICT as we plan to take our kids for open swim 2 days a week.

❖ Prices include all entrances, daily music, skating, tennis, swimming.

MONTESSORI/ REGULAR CAMP WEEK 9:00am-4:00pm	BEFORE & REGULAR CAMP WEEK 6:00am – 4:00pm	REGULAR & AFTER CAMP WEEK 9:00am – 6:00pm	ALL DAY CAMP WEEK 6:00am – 6:00pm	Skating camp ONLY (drop off will be announced) 10:00am – 1:00pm
5 Days a Week \$272 per week	5 Days a Week \$302 per week	5 Days a Week \$307 per week	5 Days a Week \$333 per week	5 Days a Week \$205 per week
4 Days a Week \$235 per week	4 Days a Week \$256 per week	4 Days a Week \$260 per week	4 Days a Week \$280 per week	4 Days a Week \$165 per week
3 Days a Week \$205 per week	3 Days a Week \$220 per week	3 Days a Week \$223 per week	3 Days a Week \$238 per week	3 Days a Week \$125 per week

CAMP PROGRAM Please check the days and camp(s) program your child will be attending

	MON	TUE	WED	THUR	FRI
Regular Camp 9:00am~4:00pm					
Before & Regular Camp 6:00am~4:00pm					
Regular and After Camp 9:00am~6:00pm					
All Day Camp 6:00am~6:00pm					
Skating Camp ONLY (drop off at Skate Room) 10:00am~6:00pm					

ATTENDANCE SCHEDULE (Please check the days and camp(s) your child will be attending

June 11-15<sup>th</sup>  June 18-22<sup>nd</sup>  June 25-29<sup>th</sup>  July 2-6<sup>th</sup>  July 9-13<sup>th</sup>  July 16-20<sup>th</sup>  
 July 23-27<sup>th</sup>  July 30-Aug 3<sup>rd</sup>  Aug 6-10<sup>th</sup>  Aug 13-17<sup>th</sup>

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Fee \_\_\_\_\_ Deposit \_\_\_\_\_ Payment June 1<sup>st</sup> \_\_\_\_\_ Payment July 1<sup>st</sup> \_\_\_\_\_ Total \_\_\_\_\_

Check# \_\_\_\_\_ Credit card# \_\_\_\_\_ Exp \_\_\_\_\_ CVV code \_\_\_\_\_ Zip Code \_\_\_\_\_

VHMA \_\_\_\_\_ Date: \_\_\_\_\_



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**SUMMER 2017**

**Camper's Name**

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**Consents**

**Emergency Medical Care:**

I hereby authorize THE VERNON HILLS MONTESSORI ACADEMY to secure emergency medical care for my child when I cannot be immediately reached at the time of the emergency. Emergency care may be first aid, CPR, emergency room visits and calling 911 for emergency care. I also understand that I am responsible for any and all medical costs which could incur.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Field Trips:**

I hereby authorize THE VERNON HILLS MONTESSORI ACADEMY to take my child on walking trips, special excursions and to ride as a passenger in the vehicle owned or leased by the facility. I understand that such trips are under the supervision of the staff of THE VERNON HILLS MONTESSORI ACADEMY and that health and safety precautions are taken in compliance with DCFS standards for licenses.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Photo Consent:**

I hereby authorize THE VERNON HILLS MONTESSORI ACADEMY to photograph and videotape my child for the use of publicity (displays, slide presentations, web site ect.) and other reasonable type activities.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Arrival/Departure Form**

To ensure safety of all children, parents are to:

- Park in the parking lot and walk their child into the school
- Sign your child in after the child is dropped and sign your child out when you pick them up everyday in the Sign In/Sign out Sheet provided at the entrance

I Agree to follow the arrival/Departure rules as stated above. I understand that I am also responsible for the actions of any other adult that I have chosen to pick up or drop off my child(en)

- No children will be released to any person who is not at least 18 years of age.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Swimming Activity, Parks & Field Trips and Transportation Consents:**

I hereby authorize my child can use all of the play equipment and participate in all of the activities, such as gymnastics, other physical education, music lessons under the careful supervision of THE VERNON HILLS MONTESSORI ACADEMY.

I hereby authorize THE VERNON HILLS MONTESSORI ACADEMY to take my child on walking trips, special excursions and to ride as a passenger in the vehicle owned or leased by the facility. I understand that such trips are under the supervision of the staff of THE VERNON HILLS MONTESSORI ACADEMY and that health and safety precautions are taken in compliance with DCFS standards. If my child needs a booster or the car sit, I will provide one if needed. I understand that my child will be going to local parks, forest preserves and library on daily basis during Summer Time.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_