



APPLICATION FOR ADMISSION

SUMMER CAMP 2018

Child's Name: _____

Age: _____ Birthdate: _____

Mother's Name: _____

Home Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone _____

Procare Code: _____ E-mail Address: _____

Place of Employment: _____ Business Phone: _____

Father's Name: _____

Home Address (if different from above): _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Procare Code: _____ Email Address: _____

Place of Employment: _____ Business Phone: _____

In case of emergency, if neither mother nor father can be reached, whom should the school contact? Please include telephone number and cell phone number. This information is required by the State.

Name _____

Phone Number: _____

In case of emergency, I accept the school's own arrangements for emergency care. Please sign and date.

Parent or guardian _____ Date _____

The Skinner Elementary Montessori School does not discriminate on the basis of race, religion, creed, or sex with respect to student rights or privileges, admission policies, educational policies, or employment of staff.

