

# SUMMER CAMP 2019

## “Drop In” Care Application

Only available for children already enrolled in Summer Camp 2019

- 1.) **Based on availability:** Parent must call the school the day before to check for availability. “Drop in” care is only available by the day for Child Care programs.
- 2.) **If class is available, submit this form to the office:** Print, complete and send this form via email/fax to the front desk by 7:00am the day of.
- 3.) **Arrival:** Parent and student must arrive 30 minutes prior to the class start time to complete required online forms and submit payment. **Payment is due upon arrival.** No invoices will be sent. Each program is a flat rate; there is no pro-ration per hour.
- 4.) **Required Online Forms:** Parent must submit their My Backpack Parent Profile and submit the student’s Health-Dietary Restrictions-Medication online form. NOTE: If the student requires prescription medications the required form and medications must be submitted.

Today’s Date: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ Child’s Grade in Fall: \_\_\_\_\_

Program: **Early Morning Care, ages 3+**

6:45-8:00 a.m. / Cost \$15 per day

Dates needed: \_\_\_\_\_

\$15 x # of days \_\_\_\_\_ = \_\_\_\_\_

**Morning Playgroup, ages 3-5**

8:00 a.m. –noon / Cost \$35 per day

Dates needed: \_\_\_\_\_

\$35 x #of days \_\_\_\_\_ = \_\_\_\_\_

**Morning Summer Social, ages 6+**

8:00 a.m. – noon / Cost \$35 per day

Dates needed: \_\_\_\_\_

\$35 x # of days \_\_\_\_\_ = \_\_\_\_\_

**Afternoon Playgroup, ages 3-4**

Noon – 6:00p.m. / Cost: \$35 per day

Dates needed: \_\_\_\_\_

\$35 x # of days \_\_\_\_\_ = \_\_\_\_\_

**Afternoon Tribe of Fives, ages 5+ (Subject to Availability)**

Noon- 6:00 p.m. / Cost \$40 per day

Dates needed: \_\_\_\_\_

\$40 x # of days \_\_\_\_\_ = \_\_\_\_\_

**Afternoon Summer Social, ages 6+ (Subject to Availability)**

Noon- 6:00 p.m. / Cost \$45 per day

Dates needed: \_\_\_\_\_

\$45 x # of days \_\_\_\_\_ = \_\_\_\_\_

**Total Amount Due:** \_\_\_\_\_

- I give Milwaukee Montessori School permission to apply sunscreen to my child as needed.
- I give my child permission to participate in Milwaukee Montessori School activities and join any field trip planned on the above dates. I understand MMS is taking all responsible precautions to ensure the health and safety of my child. I give my consent for emergency medical treatment to be used if I cannot be reach immediately.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For office use only:</b>	Date:	Total:	Cash or check#:	Initials:
<b>For Summer Coordinator Use Only:</b>			Date Completed: _____	
<input type="checkbox"/> Attendance and Staff updated <input type="checkbox"/> Parent Profile ____ Health-Dietary Restrictions-Meds form ____ <input type="checkbox"/> Internal Invoice # _____				