



Vacation Care

March 8th -12th, 2010

The Kingsley Montessori School is excited to offer Vacation Care for Kingsley students preschool through grade six, during the week of March 8th - March 12th from 8:30 a.m. - 4:00 p.m. for children four and up, and three-year-olds from 8:30 a.m.-11:30 a.m. During the week, children will have a chance to discover a new interest, explore something unfamiliar, and to have fun! Children will engage in a variety of activities such as art projects, recreational activities, and games.

Children will have access to all of Kingsley’s resources throughout the week allowing for a fabulous experience. The pace of the day will be casual and flexible which will allow children to become immersed in projects and activities that hold their interest.

Enrollment Form

Please return this form no later than March 5, 2010.

Please circle the day(s) your child will attend: M T W TH F

Child’s Name _____ Child’s Grade Level _____

Parent/Guardian Signature _____ Date _____

Please tear off this form and return with your non-refundable payment of \$70 per/day or \$350 for the week (\$35 per/half day, \$175 per/week for three-year-olds). Payments are non-refundable should your child miss a day or choose to withdraw. We enroll on a first-come, first-serve basis and will not be able to consider a child enrolled until full payment is received. In the event that Vacation Care does not meet the minimum enrollment, Kingsley will refund the cost of the program. Please give your completed registration and payment to Sabrina (Fairfield) or Emilie (Exeter).

Please provide this additional information.

The following adults (18 or older) are authorized to pick up my child from the Kingsley Enrichment Program. Proper identification will be required at pick-up. Kingsley must be notified in advance when an alternate pick-up is planned.

Name _____ Relationship to Child _____ Cell _____

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I give Kingsley Montessori School permission to use photographs of my child in publicity and promotional materials, including its website. Children’s names are not published in Kingsley materials without additional consent.

The following medical information is required prior to participation in the Vacation Care program.

Allergies	Symptoms of Reaction	Treatment

In the event that I cannot be reached with reasonable effort, I hereby authorize any licensed physician selected by the administrators of Kingsley Montessori School to secure appropriate treatment for, and give injections, administer anesthesia, perform surgery, or do any other procedure which, in the physician’s opinion, is reasonably necessary in light of the condition of the named child.

Guardian _____ Signature _____ Date _____