

2020 Registration

| Child's Name | / Birthday// |
|--------------------------------|-----------------|
| | City |
| Zip | |
| | |
| <u> Parent/Guardian Inforr</u> | <u>nation</u> |
| Name | Name |
| Relationship | |
| | Home Phone |
| Work Phone | Work Phone |
| Cell Phone | Cell Phone |
| E~mail | E~mail |
| | |
| Medical Conditions/All | <u>ergies</u> |
| | |
| | |
| | |
| | |
| Emergency Contact #1 | Relationship |
| • | Alternate Phone |
| | |
| Emergency Contact #2 | Relationship |
| | Alternate Phone |

Emergencies

In the event of a serious emergency or illness, when the parent(s)/guardian(s) cannot be reached, I hereby authorize the staff of South Jordan Montessori School to obtain emergency medical care, i.e. physician, dentist, paramedics, or other authorized emergency agents. I agree that if my child is injured while in the care of South Jordan Montessori that I will not hold the business or staff liable for any costs whatsoever associated with the injury unless said injury was caused by negligence.

| Partici ₁ | pation | Agre | <u>eement</u> |
|----------------------|--------|------|---------------|
| - | | | |

| There is a \$50 non-refundable deposit to hold your child's spot; it will go |
|---|
| towards tuition. Tuition is \$150/session and is due the first day of each session. |
| There is a 10% discount for siblings (\$135). The session runs for two |
| consecutive weeks, Mon-Thurs from 9am-12pm. Please initial the session/s |
| you'd like your child to attend. |

| Session 1-Little Scientists | June 15 th -25 th | |
|--|---|---------------|
| Session 2-Animal Adventures | July 6 th -16 th | |
| Field Trips I give permission for my child/ the summer that I am notified of School liable for any accident of sponsored field trip. | of and will not hold South Jord | an Montessori |
| Parent/Guardian Printed Name | 2 | |
| Parent/Guardian Signature | | Date |