

Montessori Summer Camp Registration and Medical Release



Registering for Camp Week(s): June 22-26 _____ August 10-14 _____

Student's Name _____ Age _____

Grade (Fall 2020) _____ School _____

Parent/Guardian Name(s) _____

Address _____ Zip _____

Parent/Guardian Email(s) _____

Mom/Guardian's phone _____ (c) _____ (w)

Dad/Guardian's phone _____ (c) _____ (w)

Physician Name and Phone _____

Current Medications _____

Allergies _____

Other _____

I authorize HPMP, Helena School District, and its representatives to secure medical attention and care in the event of illness or accident for the above named child. In case of emergency, I understand that you will contact me as soon as possible. Permission is also granted to the doctor or the hospital and their associates to perform emergency medical and surgical procedures if needed.

I also understand that photographs or other digital media may be used during summer camp to record the camp experience. I hereby allow HPMP to utilize photographs or digital media of my child for promotional summer camp materials such as brochures, presentations, or on the HPMP website.

Parent/Guardian's Signature _____

Balance of **\$225.00** (or **\$425.00** for both weeks) due in full upon registration to reserve camp spot.

Camp fee may be paid online at: www.helenamontessoriparents.org

Email completed form to: helenamontessoriparents@gmail.com

Or mail to: Helena Public Montessori Parents, PO Box 731, Helena, MT 59624

Questions? Email: helenamontessoriparents@gmail.com or contact Tiffany Lyden, 406-261-6977