

2010 RMS Summer Camp Registration

Participant's Information – Please Print All Entries

Family Name _____

Street Address _____

City _____ **State** _____ **Zip** _____

Parent/Guardian Name _____

Parent/Guardian's E-mail Address _____

Home Phone (_____) _____ - _____

Work Phone (_____) _____ - _____

Parents' Cell (_____) _____ - _____

Emergency Medical Information – Please Print All Entries

Alternate Contact Person _____

Alternate Contact Phone # _____

Medical Insurance Provider _____

Policy # _____

Do any campers (yes/no):

(If "YES" to any of these questions, please indicate which child and explain below)

- _____ Have any health problems?
- _____ Under a physician's or psychologist's care?
- _____ Require handicapped facilities?
- _____ Have any food or other allergies?
- _____ Take medication
- _____ Expect to have any difficulty with normal camp activities?

(Attach separate letter if more space is required for Health Info.)

Liability Statement

In signing this application, I certify that the information is complete and correct. I give my permission for the release of medical records in the event that my minor family member requires medical attention. In the event of a medical emergency, I understand that every effort will be made to contact my family, but in the event that a family member cannot be reached, I hereby give permission to the physician selected by the Event Director to hospitalize, secure prompt treatment for, and order injection, anesthesia, or surgery for my family attending the activity identified above. I will not hold the Renaissance Montessori School, the camp staff, nor other agents who serve on behalf of the RMS, responsible for accidental loss or injury to me and/or my family. I also understand that I as well as my family will be held responsible for any property damage caused by me or a member of my family.

Parent/Guardian Signature:

Date _____

Please tell us where you heard about our camps!

A Week in "France"

June 21-25 (Possible 2nd Camp July 19-23)
 9:00 am-12:00 pm

<i>Child's Name</i>	<i>Date of Birth</i>	<i>Camp Date</i>

Cost: 1st child- \$150, 2nd child \$125, 3rd child-\$100

TOTAL COST: \$ _____

Good Shepherd Camp

July 12-16 (Possible 2nd Camp August 9-13)
 9:00 am-12:00 pm

<i>Child's Name</i>	<i>Date of Birth</i>	<i>Camp Date</i>

Cost: 1st child- \$150, 2nd child \$125, 3rd child-\$100

TOTAL COST: \$ _____

Passport to Art Around the World

Use one line per week per child.

July 12-16: Europe & Africa; July 19-23: Asia & Australia;
 July 26-30: North & South America
 9:00 am-2:30 pm

<i>Child's Name</i>	<i>Date of Birth</i>	<i>Camp Date</i>

Cost: 1st child- \$250, 2nd child \$225, 3rd child-\$200 per week

TOTAL COST: \$ _____

Total Cost for All Camps=> \$ _____

Enclose check made payable to Renaissance Montessori School.

To ensure that your camp registration is not cancelled, your complete application and entire fee must be received NO LATER than 10 days before the start date of the camp.

For information & questions: **703-368-4442** or visit www.renaissancemontessorischool.org.

Please mail this form with your payment to:

**Summer Camp
 Renaissance Montessori School
 PO Box 10043
 Manassas, VA 20108**