

# Make-It STEM Summer Camp

*Any student who has completed 3/4/5/6/7  
Monday through Friday, June 17-21, 2013  
9:00am until 12:00pm*

*Minimum 5 students, Maximum 12 students  
\$120 Tuition paid by deadline May 31, 2013*

## McGuffey Montessori School Camp Registration

Send form and payment to: McGuffey Montessori School  
Attn: CAMP, 5128 Westgate Dr, Oxford, OH 45056  
(513-523-7742)

Child's Name: \_\_\_\_\_ Total Fee(s) Enclosed: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in fall: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Parent email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

We have copies of McGuffey student immunizations. All other students must submit a copy of an up-to-date immunization record.

• Is she/he in good physical condition with no serious illness or operation since her/his last health exam? Yes \_\_\_ No \_\_\_

• Is she/he currently taking any medication? Yes \_\_\_ No \_\_\_

• Does he/she have any medical conditions of which we should be aware (such as allergies, asthma, diabetes, ear infections, contact lenses, etc.)? Yes \_\_\_ No \_\_\_ If yes, please specify: \_\_\_\_\_

• Medicines to be taken during camp (Label carefully and give to person in charge with written instructions):  
\_\_\_\_\_

• Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

• Preferred Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

• During this activity I may be reached at:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

• If I am not available, please contact:

1) Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_

2) Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_

• My child has permission to participate in McGuffey Montessori School's camp program.

• In the event I cannot be reached in an emergency I give permission to the hospital, doctor, or dentist selected by those in charge of camp to secure emergency treatment.

• I will permit my child to come only if in good health, free from colds, and not exposed to contagious diseases within three weeks from the opening of camp. (A doctor's statement will be required if child has had an operation or serious illness since the last health exam.)

• McGuffey Montessori School has my permission to take my child on field trips as a part of the camp program activities. I give my permission for my child to travel either by foot or in compliance with MMS policy. I understand that all reasonable health and safety precautions will be taken. I hereby release McGuffey Montessori School from any and all liability for injury or illness resulting from any cause while my child is away from the school. All pre-Kinders will stay at MMS.

X \_\_\_\_\_ Parent/Guardian Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_