



Summer Enrichment Camp Enrollment Application

**STUDENT'S INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Home Address \_\_\_\_\_ Grade completed 08/09 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

**FATHER'S INFORMATION**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Business Phone \_\_\_\_\_

**MOTHER'S INFORMATION**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Business Phone \_\_\_\_\_



**HEALTH**

Doctor's Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

**Name of persons authorized to pick up child:**

\*No child will be permitted to leave the school with anyone (except mother or father as met in person) without written permission from parent\*

1. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_ DL# \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_ DL# \_\_\_\_\_

***There is a non-refundable application fee of \$65.00 due with application.***

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

Dylan Kennedy Montessori School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies or admission policies.

