

Washington Montessori School Summer Camps

REGISTRATION FORM

CHILD'S NAME _____

Date of Birth _____

Age as of June 2009 _____

Current School _____

Grade child will enter in September 2009 _____

Parent or guardian 1 _____

Address _____

Day phone _____

Evening phone _____

Cell phone _____

Email _____

Parent or guardian 2 _____

Address _____

Day phone _____

Evening phone _____

Cell phone _____

Email _____

CT Health forms required with
registration showing proof of physical
exam during 12 months prior to camp.

WMS reserves the right to cancel programs based on limited
enrollment or extenuating circumstances.

- | | |
|--|-----------------|
| O International Adventure-Brazil | \$290.00 |
| July 20-July 24
10:00am-3:00pm
ages 7-12 | |
| O Boys Lacrosse | \$175.00 |
| June 29-July 2
9:00am-12:30pm
ages 8-14 | |
| O Girls Lacrosse | \$175.00 |
| July 7-July 10
9:00am-12:30pm
ages 8-14 | |
| O Puppets-week 1 | \$200.00 |
| June 29-July 2
9:30am-1:00pm
ages 4-6 | |
| O Puppets-week 2 | \$200.00 |
| July 7-July 10
9:30am-1:00pm
ages 6-9 | |

Enclosed is a check for _____
Payment in full required with this form.

*Returned checks subject to \$30 service fee.
(\$75.00 is non-refundable and
no refunds after June 1.)*

Mail this completed Registration Form,
along with your check payable to WMS, to:

Washington Montessori School
Summer Camps
240 Litchfield Turnpike
New Preston, CT 06777



Washington Montessori School requires that its board, staff, teachers, students and their parents do not discriminate on the basis of race, color, national and ethnic origin, or sexual orientation in administration of the school's admission policies, educational programs, financial aid program, extra-curricular or any other school-administered programs, or any activities supported by the school.