

SUMMER CAMP APPLICATION 2010

Lake Mary Montessori Academy, Inc.

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Heads of School: Sheila Linville M.A.T. & Scott Linville M.A.

Please check one

Half Day Preschool Program: (9:00 – 12:30) _____

Full Day Pre-school, Kindergarten and Elementary: (9:00 – 2:00) _____

Date: _____

APPLICATION INFORMATION

Applicant's Name _____
(Last) (First) (Middle) (Preferred)

Home Address _____
(Street) (City) (State) (Zip Code)

Neighborhood _____ Male _____ Female _____ Birth Date _____

Current School: _____ Age: _____ Current Grade: _____

FAMILY INFORMATION

Mother

Father

Name(Dr./Mrs./Ms.) _____

Name(Dr./Mr.) _____

Home Address _____
If different from applicant's

Home Address _____
If different from applicant's

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

E-Mail _____

E-Mail _____

Work Phone _____

Work Phone _____

Occupation _____

Occupation _____

Company Name _____

Company Name _____

Driver's License # _____

Driver's License # _____

SS # _____

SS # _____

Are parents separated? Yes _____ No _____ Divorced? Yes _____ No _____

With whom does the child live? _____

Who is financially responsible for the child? _____

Name of step-parent (if any): _____

FAMILY INFORMATION (cont.'d)

Applicant's brothers and sisters:

Name

Age

School attending

Grade

How did you hear about our school? _____

What community involvement are you active in? _____

ASSESSMENT

Does your child have any difficulties with?

Eyes: _____ Ears: _____ Speech: _____ Other: _____

Are there any conditions in the family that might affect the adjustment of the child? _____

Special instructions or areas of concern: _____

OFFICE INFORMATION

Child's Physician's Name/Address: _____

Physician's Phone: _____

Person(s) to contact in case of illness or emergency, if parents cannot be contacted:

1. _____
(Name) (Address) (Phone) (Relationship)

2. _____
(Name) (Address) (Phone) (Relationship)

Person(s) permitted to pick-up your child from school (if different from above):

1. _____
(Name) (Address) (Phone) (Relationship)

2. _____
(Name) (Address) (Phone) (Relationship)

Father's Signature

Mother's Signature

Date

Date

Camp Tuition is non-refundable.