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www.stcroixmontessori.com

SUMMER GUIDELINES

REGISTRATION: Return completed Summer Application, Emergency Record and Release Forms and your \$20 Registration Fee (per child) to St. Croix Montessori.

HEALTH INFO: Please bring a copy of your child's up-to-date immunization card or Immunization Exemption Letter to your registered first week of attendance. This does not apply to students who attend St. Croix Montessori's school-year programs.

- Any medications must be provided to the office, and have the child's name on it, be in the original labeled bottle/box, and include a note from prescribing doctor on use and dosage

REFUNDS: We limit our enrollment per classroom in order to guarantee a quality experience. Once you have reserved a space, we consider that seat filled. Please provide written notification 14 days prior to your registered summer program week if you will not be in attendance. Otherwise, you will be held financially responsible for that week.

DRESS, LUNCH, & PERSONAL PROPERTY:

All Students should pack & label w child(ren)'s name(s):

- Filled, Re-usable Water Bottle (please only pack water; **no** juice or soft drinks)
- Insulated Lunchbox
- Healthy Snack
- An additional Healthy Snack if attending Aftercare
- Spare Change of Clothing
- Extra Large T-shirt for Art Days

Students should wear shoes with good treads (sneakers, sandals w straps). Please no crocs, flip-flops, or ballet flats.

- Apply sunscreen and mosquito repellent at home
- Leave all personal property at home. St. Croix Montessori is not responsible for lost, damaged, or stolen property.
- Pre-K students should pack a nap mat, pillow and blanket. These return home on Fridays for washing. Please Label!
- Pre-K students should bring spare underwear with changes of clothes (please label!)
- Elementary students should pack change of clothes (please label!)

ATTENDANCE: Please call the office if you plan to pick up your child early or if someone other than the designated adult will be picking-up your child after school.

DISMISSAL: 3:00PM at trees; please be considerate of other parents and park outside the gate if you will be on campus. In case of rain, then children are dismissed from side-door to Primary Classroom. Please drive slowly and carefully!

FULL POLICIES AND PROCEDURES: <https://stcroixmontessori.com/parents/parent-handbook/>

**APPLICATION
ST. CROIX MONTESSORI SUMMER ENRICHMENT
2018**

Child Information

Child's First & Last Name: _____

Birth Date (mo/day/yr: _____ Age ____ Sex ____ M ____ F Grade _____

Enroll in Primary Program? _____(Y/N) Enroll in Elementary Program? _____(Y/N)

Siblings attending? _____(Y/N)

School (please list name of school child attends during academic year)

Have you previously attended St. Croix Montessori Summer Enrichment? (Y/N) _____

Parent/Guardian Information

Child Lives With ____ Both Parents ____ Parent A ____ Parent B

Parent A/Guardian Name:	Parent B/Guardian Name:
Mr./Mrs./Ms./Dr.	Mr./Mrs./Ms./Dr.
Physical Address	Physical Address
Mailing Address	Mailing Address
Telephone: Home	Telephone: Home
Cell	Cell
E-Mail	E-Mail
Place of Employment	Place of Employment
Work Telephone	Work Telephone
Position	Position

EMERGENCY CONTACT / AUTHORIZED CONTACT / PICK UP (OTHER THAN PARENTS)

Person #1: _____ Relationship _____

Primary Phone # _____ Secondary Phone # _____

Person #2: _____ Relationship _____

Primary Phone # _____ Secondary Phone # _____

Person #3: _____ Relationship _____

Primary Phone # _____ Secondary Phone # _____

EMERGENCY INFORMATION

Pediatrician _____ Phone _____

Dentist _____ Phone _____

Medical Conditions: Asthma ___ Diabetes ___ Epilepsy ___ Heart Condition ___

Other (Please Describe) _____

Allergies: Bee Sting ___ Nuts ___ Peanuts ___ Other _____

Does your child have any medical conditions that may inhibit physical activity? **Y N**

If yes, please Explain: _____

Medication (indicate dosage and reason for taking) _____

Medicine will not be administered (prescription or non-prescription) without note from doctor.

The information on this form is correct to the best of your knowledge. I have read and understood St. Croix Montessori's policies.

Parent (A) Signature: _____ **Date:** _____

Parent (A) Print Name: _____

Parent (B) Signature: _____ **Date:** _____

Parent (B) Print Name: _____

REGISTRATION

ST. CROIX MONTESSORI SUMMER ENRICHMENT ENROLLMENT

We limit our enrollment per classroom. Your registration fee of \$20 per child holds your spot. Once you have reserved a space we consider that seat filled. Please provide written notification 14 days prior to your registered summer program week if you will not be in attendance. Otherwise, you will be held financially responsible for that week.

Cost is \$110/week. First sibling receives discount of \$95/week; second sibling is discounted to \$80/week .

My child is attending the following weeks:

Dates	Primary-Aged (2 ½ - 5 Years) Program	Elementary Aged (6-12 Years) Program
<input type="checkbox"/> July 9 - 13	<input type="checkbox"/> Primary Program Creativity & Exploration Enrichment	<input type="checkbox"/> Orff-Schulwerk Music & Art – <u>Program is for 2 weeks</u>
<input type="checkbox"/> July 16 - 20	<input type="checkbox"/> Primary Program Creativity & Exploration Enrichment	<input type="checkbox"/> (Music & Art Program continues)
<input type="checkbox"/> July 23 - 27	<input type="checkbox"/> Primary Program Creativity & Exploration Enrichment	<input type="checkbox"/> Elementary Program Creativity & Exploration Enrichment
<input type="checkbox"/> July 30 – Aug 3	<input type="checkbox"/> Primary Program Creativity & Exploration Enrichment	<input type="checkbox"/> Elementary Program Creativity & Exploration Enrichment

St. Croix Montessori must receive your completed enrollment and release forms and registration prior to the start of the registered summer program week in order to hold your child's spot. Thank you!

PHOTOGRAPHY/VIDEO/MEDIA RELEASE

By law we must request your permission to use your child's image, video, or likeness for our print and web-based media productions. Please check the appropriate box as an indicator that you either consent or do not consent to release your child photographs, videos and audio clips.

Check the appropriate box below.

- I hereby **grant** the St. Croix Montessori School the right to use and reproduce any and all photographs, videos, audio clips taken of my child in conjunction with their involvement as a student in any marketing materials, brochure, flyer, print and electronic publications such as newsletters, social media sites (Facebook, Twitter, & YouTube) and other online/web-based sites.
- I **do not grant** the St. Croix Montessori School the right to use and reproduce any and all photographs, videos, audio clips taken of my child in conjunction with their involvement as a student in any marketing materials, brochure, flyer, print and electronic publications such as newsletters, social media sites (Facebook, Twitter, & YouTube) and other online/web-based sites.

Parent's Signature

Date

ACCIDENT & FIELD TRIP RELEASE

I give my child permission to participate in all school activities (except if otherwise indicated on this form) and school sponsored trips away from the school premises throughout the summer program. I understand that I may revoke my permission for specific field trips by notifying the school prior to the outing. If my child does not participate in the sponsored trip, I understand that I will be responsible for providing my child care for that time/day.

I understand there are risks involved in participating in school activities and off campus trips. I agree to defend, indemnify, and hold harmless Montessori House of Children, Inc. d/b/a St. Croix Montessori School, its employees, agents, and representatives including volunteers and drivers, from any and all claims arising from my child's participation in such trips.

In the case of an accident, illness, or other emergency, I give the school permission to call paramedics and/or licensed physicians or dentists. I assume the financial responsibility for expenses incurred as the result of those services.

I understand and have read the school's policies and procedures regarding school appropriate behavior. My child and I will support the school's policy of Positive Behavior Intervention and Support.

Parent (A) Signature: _____ Date: _____

Parent (A) Print Name: _____

Parent (B) Signature: _____ Date: _____

Parent (B) Print Name: _____

St. Croix Montessori is a 501(c)(3) non-profit organization that admits students regardless of race, color, religion, national, or ethnic origin. It does not discriminate in administration of its educational policies, financial aid, athletic or other school administered programs.

For office use only: Date Received _____ Rec'd By _____