

Unitarian Montessori School
176 Tices Lane
East Brunswick, NJ 08816
732-246-0606

APPLICATION FOR ADMISSION
SUMMER CAMP 2019

Name of Student _____

Address _____

(Street)

(City)

(State)

(Zip)

Home Phone () _____ Sex _____ Age _____ Date of Birth _____

Father's Name _____ Business Phone _____

Email _____ Cell Phone _____

Mother's Name _____ Business Phone _____

Email _____ Cell Phone _____

Is there any medical, environmental, or behavioral history that would be useful in helping to understand your child? _____

Child's Pediatrician _____ Phone _____

Address _____

Emergency Contact _____ Phone _____

How did you hear about our school? _____

Please indicate desired week or weeks:

June 24 _____ July 1 _____ July 8 _____ July 15 _____

July 22 _____ July 29 _____ Aug 5 _____ Aug 12 _____

Aug 19 _____ (3 days only)

Please indicate your choice for number of days and hours needed:

Number of Days: 5 Days _____ (8:30am – 3:30pm) 3 Days (8:30am – 3:30pm)

5 Half Day AM _____ (8:30 - 11:30)

Will you need extended? Yes ___ No ___ If yes, AM (7:30 -8:30) _____ PM (3:30-6:00) _____

Signature _____ **Date** _____