

Windsor Montessori School & Discovery Center 2022

Summer Registration Instructions

INITIAL REGISTRATION: In order to secure a spot for your child, simply...

Turn in the completed packet. This includes:

Summer Program Registration Form.

Care4Kids Paperwork (if necessary).

Parent Permission Form

Health Assessment- Completed by Parent. (1st Page of Physical/K-4th Grade ONLY)

Immunization Record/Covid and Physical within last 12 months (K-4th Grade ONLY)

Related Medical Care Plans- Must be completed by Guardian & Physician.

Medication Authorization- Must be completed by Guardian & Physician

Pay a non-refundable \$50 registration fee per child.

Upon registration, all families will receive the parent financial agreement, registration confirmation, and monthly payment schedule.

Your child's spot will NOT be confirmed for our Summer Program until this packet is 100% completed and submitted with payment.

ADDING/CHANGING SESSIONS:

Please contact us with any questions you may have: 860.285.1420 or 860.285.1401

Laura at Casey@townofwindsortct.com

Erin at Bagdikian@townofwindsorct.com

IMPORTANT DEADLINES

\$50 Registration Fee Due	June Weeks Balance Due	July Weeks Balance Due	August Weeks Balance Due
At Registration	5/15/2022	6/15/2022	7/15/2022

Child & Parent Information

Child's First Name:

Last Name:

Address:

Street

City

State

Zip Code

Grade (Fall 2022):

School Attending:

Birth Date:

Age:

Gender: Male Female

Can your Child Swim? (Circle) Yes No

If NO, I will provide a US Coast Guard Certified Life Jacket _____ (Initial)

Child's Youth T-Shirt Size (Circle):

X-Small

Small

Medium

Large

X-Large

1. Parent

First Name:

Last Name:

Address:

Street

City

State

Zip Code

Phone #: Cell

Work #:

Employer:

Address:

Email Address:

2. Parent

First Name:

Last Name:

Address:

Street

City

State

Zip Code

Phone #: Cell

Work #:

Employer:

Address:

Email Address:

NEXT PAGE →

Summer Program Sessions

Please select the Summer Program and Sessions you wish to attend:

<input type="checkbox"/> Session 1: June 20 – 24, 2022	<input type="checkbox"/> Session 6: July 25 – 29, 2022
<input type="checkbox"/> Session 2: June 27 – July 1, 2022	<input type="checkbox"/> Session 7: August 1 – 5, 2022
<input type="checkbox"/> Session 3: July 5 – 8, 2022 CLOSED MONDAY 7/4	<input type="checkbox"/> Session 8: August 8 – 12, 2022
<input type="checkbox"/> Session 4: July 11 – 15, 2022	<input type="checkbox"/> Session 9: August 15 – 19, 2022
<input type="checkbox"/> Session 5: July 18 – 22, 2022	<input type="checkbox"/> Session 10: August 22 – 26, 2022 CHILD CARE FOR INTERNAL FAMILIES ONLY

Primary (Ages 3 & 4/<u>Fully Potty Trained</u>)	<input type="checkbox"/> 8:30-12:00 \$170	<input type="checkbox"/> 7:30-5:00 \$310
	<input type="checkbox"/> 8:30-4:30 \$295	<input type="checkbox"/> 8:00-5:30 \$310
K-1st Grade (Must be 5 Years Old)	<input type="checkbox"/> 8:30-4:30 \$245	<input type="checkbox"/> 7:30-5:00 \$265
		<input type="checkbox"/> 8:00-5:30 \$265
2nd- 4th Grade	<input type="checkbox"/> 8:30-4:30 \$245	<input type="checkbox"/> 7:30-5:00 \$265
		<input type="checkbox"/> 8:00-5:30 \$265

We offer a 10% sibling discount on the lower tuition.

Emergency Contacts

1. First Name:	Last Name:
Relationship:	Phone #:
Address: _____	
Street	City State Zip Code
<input type="checkbox"/> Yes, the person above can pick my child up.	<input type="checkbox"/> No, the person above can't pick my child up.
2. First Name:	Last Name:
Relationship:	Phone #:
Address: _____	
Street	City State Zip Code
<input type="checkbox"/> Yes, the person above can pick my child up.	<input type="checkbox"/> No, the person above can't pick my child up.

NEXT PAGE →

Child's Health Information

Does your child have any Allergies (circle)? Yes No

List allergy(ies): _____

Is your child currently taking Medication (circle)? Yes No Medication: _____

Condition: _____

If YES, will your child need this medication at Summer Program? Yes No

If medication is needed a Medical Authorization form completed by a doctor is required to register.

A Care Plan completed by a doctor is required for an Asthma/Allergy treatment.

Please Tell Us About Your Child

Who does your child live with _____

Siblings: Please list all siblings (including step-siblings), current ages and gender:

1. _____ M F AGE _____

2. _____ M F AGE _____

3. _____ M F AGE _____

Are there any family events or recent changes that you feel have impacted your child? YES NO

If yes, please describe: _____

Any reasons you feel your child might have difficulty functioning in a group size with a 1 to 10 ratio? YES NO

If yes, please describe

Please describe the nature of your child's personality and observed self-esteem:

What are your child's favorite activities/interests?

What are your child's strengths?

NEXT PAGE →

Does your child have any challenges or behaviors that may be difficult to handle? YES NO
If yes, please describe how you address them: _____

Does your child have a 504, IEP, and/or Behavioral Plan at their current school? YES NO
If yes, please describe (This information is required by our license.): _____

Please use the space below to include any additional information that you think we should be aware of to ensure your child has a successful summer experience!

Emergency Care Authorization

I certify that I am the parent or legal guardian of the child named above and give consent for emergency medical care, surgical treatment, and/or transportation to a care facility should my child's condition require it in my absence. I understand that time and conditions permitting, reasonable attempts will first be made to contact me and any designated representatives in such a case. I hereby assume all financial responsibility for such actions taken on the behalf of my child.

Parent/Legal Guardian's Signature: _____ Date: _____