

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.

Immunization Record and Physical within last 12 months

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

Medication Authorization- Must be completed by Guardian & Physical

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

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

Child's T-Shirt Size:

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 – July 1, 2022 | <input type="checkbox"/> Session 3: July 18 – July 29, 2022 |
| <input type="checkbox"/> Session 2: July 5 – July 15, 2022
CLOSED MONDAY 7/4 | <input type="checkbox"/> Session 4: August 1 – 12, 2022 |

Half-Day Montessori Toddler	<input type="checkbox"/> 8:30-12:00 \$350
-----------------------------	---

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?

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.):

NEXT PAGE →

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: _____

**Parent/Guardian
Permission**

I _____, grant the following permissions for my child _____.

- ☐ **FIELD TRIP PERMISSION:** To participate in field trips, on foot or in an authorized vehicle, as scheduled and posted by Windsor Montessori School & Discovery Center.

- ☐ **RELEASE OF INFORMATION:** I hereby give permission for my child's name, address, and telephone number to be included in the classroom list distributed to other Windsor Montessori School & Discovery Center parents.

- ☐ **PHOTO PERMISSION:** I hereby consent that Windsor Montessori School & Discovery Center and the Town of Windsor or any person authorized by the Town may use photographic, social media, videotape images and/or voice recordings, and classroom work in which my child may be included in whole or in part for any purpose they find appropriate such as promotional marketing material and posts on social media like Facebook, Twitter, Instagram, and Youtube.

Parent's Signature: _____ Date: _____

- ☐ **MEDICAL/FIRST AID TREATMENT:** I hereby give permission for my child to receive first aid treatment for minor injuries from Windsor Montessori School & Discovery Center staff. Written permission is required for the application of any topical ointments and all prescription medications.

Parent's Signature: _____ Date: _____

- ☐ **BEHAVIOR PLAN/CHILD DISCIPLINE POLICY:** The school's behavior plan (Parent Handbook Pg. 17) has been discussed with me upon registration. I've had an opportunity to review and ask any related questions. I understand the school uses a positive discipline approach and redirection. If my child's behavior requires additional support, I will be involved in the process of creating an individualized behavior plan for my child. I understand my child may be asked to leave the program as a result of "Serious Acts of Aggression" as outlined in the Behavior Management Procedures.

Parent's Signature: _____ Date: _____