## MARIA MONTESSORI CHARTER ACADEMY 2023-2024 WINTER CAMP EMERGENCY CARD

20.	ZJ-ZUZA WIINTER GA		<b>UT CARD</b>		
Student's Last Name	First Name	Birth Date	Grade	WINTER CAMP	
Mailing Address (Street, City, Zip)	(		(  ) Best Phone Number		
Physical Address (if different)	E-Mail Address	E-Mail Address			
NOTE: If an emergency occurs, the co applicable contact numbers.	ntact phone numbers on this for	m will be used to contac	et a parent, guardiai	n or emergency contact. Please list	
Name – Mother / Step Mother / Guardian		Home	Work	Cell	
Name – Father / Step Father / Guardian		Home	Work	Cell	
Parent(s) or guardian(s) child lives with					
If parents are separated or divorced, to	whom has physical custody bee	en granted?	· · · · · · · · · · · · · · · · · · ·		
f my child is ill, has an emergency, or is	s suspended and I cannot be rea	iched, please call and re	elease my child to (	must be over 18 years old and have ID):	
Name – Emergency Contact		Home	Work	Cell	
Name – Emergency Contact		Home	Work	Cell	
Name – Emergency Contact		Home	Work	Cell	
Physician's Name	Phone Number	Insurance	e Company	Insurance ID#	
above to undertake such care a	e, including necessary transporta and treatment as is considered no licensed physician or surgeon.	tion, in accordance with ecessary. In the event s I agree to pay all costs i	their best judgmer said physician is un ncurred as a result	nt. I authorize the physician named available, I authorize such care and of the foregoing.	
PLEAS	SE CHECK THE FOLLOWING I	TEMS IF THEY PERTA	IN TO YOUR CHIL	D	
	1	GENERAL HEALTH			
<b>(ES</b> Wears Classes [ ] To be worn at all tir	<b>3</b> ears Glasses [ ]To be worn at all times [ ]		g condition(s):	Fainting Spells [ ]	
	orn at all times []	Diabetes Epilepsy Migraines		Heart Condition [] Asthma []	

IEDICATION Currently taking prescribe	ed medication [ ]
Prescribing physician	
Medication	
For	
Medication needs to be ta	aken at school [ ]
	ng over-the-counter) needs to be taken at
	ust be kept in the office and a medication and kept in the office.
school, the medication m form must be filled out ar EARS	
form must be filled out an	
form must be filled out ar EARS	
form must be filled out ar ARS Has a hearing problem	

Epilepsy [ ] Migraines [ ] Hyperactive (ADHD) [ ]	Heart Condition Asthma	[
Has a life threatening medical cor Explain		
Allergies [ ] (describe)		
Allergic to bee stings [ ] (describ	be)	
Other [ ]		
Has a limiting mental condition [ Explain		

By signing below, the parent(s)/guardian(s) certify under penalty of perjury that the information given on this form is true and accurate.

# MARIA MONTESSORI CHARTER ACADEMY 2023-2024 WINTER CAMP POLICIES

#### **BILLING OF BEFORE/AFTER CARE**

Winter Camp dates: Week 1: Tuesday, Dec. 26 - Friday, Dec. 29 Week 2: Tuesday, Jan. 2 - Friday, Jan. 5

Winter Camp hours are 9:00am-1:00pm Before Care Hours are 7:30am-9:00am After Care Hours are 1:00pm-5:30pm

Before and aftercare will be billed at a rate of \$6 per hour or fraction thereof. Invoice will be issued in January and payable by January 20th. Failure to pay may result in your account being sent to collections.

Failure to pick up your child by 5:30pm on any given day will result in a \$2 per minute charge to your account.

Weekly, unlimited before and aftercare may be pre-purchased for \$60 per week.

(initials)

(initials)

#### PG MOVIE PERMISSION

MMCA occasionally shows entertainment films during Summer Camp and Before and Aftercare. Sometimes these films are rated PG. Our philosophy embraces a conservative approach to selecting these films and we do not show films that include foul language, excessive violence, or sex.

MMCA requests permission to make selections of these films on your behalf. Your right as a parent to control your child's viewing is respected. Please indicate on the form below your preference for our handling of this issue. Your child will not be allowed to view PG films without your approval.

I give permission for my child(ren) to view films selected by the MMCA staff

I would like to be notified in advance of each PG film shown from a commercial source.

I do not give my permission for my child to view PG films

(initials)

(initials)

### PARTICIPATION AGREEMENT

I acknowledge, understand, and accept that there are inherent risks associated with participation in this program and that doing so could result in an injury. Maria Montessori Charter Academy (MMCA) assumes no liability for injuries or damages from the results of participation. I acknowledge the fact that MMCA does not provide accident insurance to its program participants. I certify that, to the best of my knowledge, my child is physically fit and, should this condition change at any time during the program I will notify the administration of MMCA Winter Camp immediately. MMCA has my permission to call 911 and/or to send my child to a hospital or emergency care facility, and the hospital and medical staff have my authorization to provide emergency treatment deemed necessary for the well being of my child. I agree to abide by all posted, written, or verbally communicated rules and regulations administered by MCMA staff concerning this program. I authorize MMCA to take, display, and publish photographs, slides or videos for promotional and/or educational purposes. I have read, understood, and accepted the terms of this participant's agreement as outlined.

Parent/Guardian Signature

Child(ren's) Name(s)

Date