

**VFKH MONTESSORI SCHOOL
SUMMER CAMP 2010
APPLICATION**

CHILD'S NAME: _____ BIRTH DATE: _____ SEX: _____

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PLEASE CHECK WEEKS DESIRED:

___	June 9-11	June 11	Pre Camp
___	June 14	June 18	Creative Art and Music Camp
___	June 21	June 25	Creative Art and Music Camp
___	June 28	July 2	Digging for Dinosaurs
___	July 6	July 9	Digging for Dinosaurs
___	July 12	July 16	Let's Learn About the Summer Sky
___	July 19	July 23	Let's Learn About the Summer Sky
___	July 26	July 30	Cultural Studies through Cooking
___	Aug. 2	Aug. 6	Cultural Studies through Cooking
___	Aug. 9	Aug. 13	The Big Blue Ocean
___	Aug. 16	Aug. 20	The Big Blue Ocean
___	Aug. 23	Aug. 27	Creepy Crawlers and Other Things that Wiggle and Squirm

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PLEASE CHECK PROGRAM DESIRED:

			<u>Start</u>	<u>End</u>
___	3DAYS	___	9:00 AM	12:00 PM
___	3DAYS	___	9:00 AM	3:00 PM
___	3DAYS	___	3:00PM	4:30PM
___	3DAYS	___	3:00PM	5:30PM
___	3DAYS	___	7:30AM	9:00AM

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CHILD'S PARENTS ARE: ___ MARRIED ___ SEPARATED ___ DIVORCED

CHILD LIVES WITH: ___ BOTH PARENTS ___ MOTHER ___ FATHER ___ OTHER

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FATHER'S NAME: _____ HOME PHONE: _____

STREET ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____ CELL PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

WORK ADDRESS: _____ WORK PHONE: _____

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MOTHER'S NAME: _____ HOME PHONE: _____

STREET ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____ CELL PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

WORK ADDRESS: _____ WORK PHONE: _____

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Please list any special needs or helpful information about your child on the backside of this form.

Parent's Signatures: _____ Date: _____

Mail to: VFKH Montessori School 188 West Ridge Pike Limerick PA 19468