



2024 BIG KID SUMMER CAMP APPLICATION

NAME OF CHILD (Last Name, First Name)	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	BIRTH DATE
ADDRESS (Please include Street Address, City, State & Zip Code)			
SCHOOL DISTRICT			COUNTY
PARENT 1/LEGAL GUARDIAN (Last Name, First Name)		PARENT 2/LEGAL GUARDIAN (Last Name, First Name)	
PARENT 1 HOME ADDRESS (IF DIFFERENT FROM CHILD)			PARENT 1 PHONE
PARENT 2 HOME ADDRESS (IF DIFFERENT FROM CHILD)			PARENT 2 PHONE
PARENT 1 BUSINESS NAME & ADDRESS			PARENT 1 WORK PHONE
PARENT 2 BUSINESS NAME & ADDRESS			PARENT 2 WORK PHONE
NAME & ADDRESS OF CHILD'S PHYSICIAN			PHONE NO.
PARENT 1 EMAIL		PARENT 2 EMAIL	
LIST ALL SPECIAL MEDICAL, EDUCATIONAL OR DIETARY NEEDS (ALLERGIES, MEDICATIONS, SPECIAL CONDITIONS/DISABILITIES).			

Sessions	Date	Time	Time	Time	
Session 1	() Jun 10-Jun 14	() 8:30-12:00	() 8:30-12:00	() 8:30-3:00	<div style="text-align: center;">Extended Care</div> <div style="display: flex; justify-content: space-around;"> 8:00-8:30 3:00-5:00 </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Drop Off Time Pick Up Time </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> _____ _____ </div>
Session 2	() Jun 17-Jun 21	() 8:30-12:00	() 8:30-12:00	() 8:30-3:00	
Session 3	() Jun 24-Jun 28	() 8:30-12:00	() 8:30-12:00	() 8:30-3:00	
Session 4	() Jul 8-Jul 12	() 8:30-12:00	() 8:30-12:00	() 8:30-3:00	
Session 5	() Jul 15-Jul 19	() 8:30-12:00	() 8:30-12:00	() 8:30-3:00	
Session 6	() Jul 22-Jul 26	() 8:30-12:00	() 8:30-12:00	() 8:30-3:00	
Session 7	() Jul 29-Aug 2	() 8:30-12:00	() 8:30-12:00	() 8:30-3:00	
Session 8	() Aug 5-Aug 9	() 8:30-12:00	() 8:30-12:00	() 8:30-3:00	
Session 9	() Aug 12-Aug 16	() 8:30-12:00	() 8:30-12:00	() 8:30-3:00	

A non-refundable application fee of **\$50 per family** must accompany application. **Due by March 15.**
 If your child is 3 years old and enrolled in the full-day program, do you want them to nap in the afternoon? ___Yes ___No
 If your child has not been enrolled at GMS during the 2023-2024 school year, a completed health assessment form will be required. New students enrolling in the summer program may be subject to an intake evaluation. Entrance into the summer program will be based upon the student's intake evaluation. A contract will then be prepared for signing.

Parent or Guardian Signature	Date
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814 W. Linden St. Allentown PA 18101 610-435-4060 gschool@gracemontessori.org

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