

The Manor Montessori Summer Camp Application 2023

Child's Name: _____ Date of Birth: _____ Gender: _____

Address: _____

Parent's Names: _____

Parent 1 Work #: _____ Cell #: _____

Parent 1 Email: _____

Parent 2 Work #: _____ Cell #: _____

Parent 2 Email: _____

Previous school, camp, or daycare experience _____

Allergies or other significant medical condition _____

Potomac

Toddlers (2 years)

- 9:00-12:00/5 days a week
- 9:00-3:00/5 days a week
- 7:30-9:00 before care

Primary (3-6 years old)

- 9:00-12:00/5 days a week
 - 9:00-3:00/5 days a week
 - 7:30-9:00 before care
 - 3:00-6:00 after care
- *Includes before care from 7:30-9:00

St. D's/Bethesda

Toddlers (2 years)

- 9:00-12:00/5 days a week
- 9:00-3:00/5 days a week
- 7:30-9:00 before care

Primary (3-6 years old)

- 9:00-12:00/5 days a week
- 9:00-3:00/5 days a week
- 7:30-9:00 before care

Rockville

Primary (3-6 years old)

- 9:00-12:00/5 days a week
- 9:00-3:00/5 days a week
- 7:30-9:00 before care

2023 Session Dates

- Week 1: June 12-16**
- Week 2: June 20-23 (no camp 19th/prorated)**
- Week 3: June 26-30**
- Week 4: July 5-7 (no camp 3rd, 4th/prorated)**
- Week 5: July 10-14**
- Week 6: July 17-21**
- Week 7: July 24-28**
- Week 8: July 31-August 4**

Potomac Location Only

- Week 9: August 7-11**

YOUTH CAMP HEALTH HISTORY
CAMPER

Child's Name: _____

Current residence: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Primary Care Physician or
other provider of medical care: _____ Phone: _____

HEALTH INFORMATION:

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? NO

YES, Explain: _____

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? NO

YES, Explain: _____

IMMUNIZATION INFORMATION:
Must list current residence above.

For campers who currently reside within the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication? NO

YES, List: _____

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

Please note: If your child has an allergy or takes medication, we will need an allergy action plan and medication authorization form prior to their attendance at camp.

Parent or Legal Guardian's Signature
MDH-4768 (12/2017)

Date