

The Manor Montessori Summer Program  
Application 2020

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Home #: \_\_\_\_\_

Parent 1 Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent 2 Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent 1 Email: \_\_\_\_\_

Parent 2 Email: \_\_\_\_\_

Previous School, camp, or daycare experience \_\_\_\_\_

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Allergies or other significant medical condition \_\_\_\_\_

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Select one location:

- 10500 Oaklyn Drive, Potomac
- 11200 Old Georgetown Road,  
Rockville

Select hours:

- 9:00 – 12:00
- 9:00 – 3:00

Select Desired Dates:

- Week 4: June 29-July 3
- Week 5: July 6-10
- Week 6: July 13-17
- Week 7: July 20-24
- Week 8: July 27-31
- Week 9: August 3-7
- Week 10: August 10-14
- Week 11: August 17-21

**Please initial the following:**

\_\_\_\_\_ I agree to have the temperature taken of my child(ren) arriving at the building with a temporal thermometer.

\_\_\_\_\_ I agree to provide a personal thermometer and pen to sign in.

\_\_\_\_\_ I agree to remove my child from care if a fever is identified upon arrival to the site.

\_\_\_\_\_ I agree to limit contact by limiting inside access and will drop off and pick up my child at the door.

\_\_\_\_\_ I agree to practice social distancing the best way possible, within the setting.

\_\_\_\_\_ If anyone in your household test positive for COVID 19, please notify Manor Montessori if it has been 14 days or less of your child's last day of attending.

\_\_\_\_\_ Before returning to Manor Montessori, please home quarantine 14 days after a family vacation if your child was exposed to groups of people during your vacation.