



The Manor Montessori Summer Camp Application 2022

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

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 _____

Allergies or other significant medical condition _____

Select Location:

- Oaklyn Center (10500 Oaklyn Drive, Potomac, MD)
- Trinity Center (11200 Old Georgetown Road, Rockville, MD)

Select Program:

- Toddlers (2 years) *Oaklyn Center only*
- Primary (3-5 years)
- Juniors (6-8 years) *Oaklyn Center only*

Select hours:

- 9:00-12:00/Toddlers & Primary
- 9:00-3:00/Toddlers, Primary & Juniors
- 7:30-9:00 Daycare/Primary & Juniors

Select Desired Dates:

- Week 1: June 13-17
- Week 2: June 20-24
- Week 3: June 27-July 1
- Week 4: July 5-8
(No camp July 4/Prorated)
- Week 5: July 11-15
- Week 6: July 18-22
- Week 7: July 25-29
- Week 8: August 1-5
- Week 9: August 8-12
(Oaklyn Center/Primary class only)

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? YES 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? YES 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? YES 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.

Parent or Legal Guardian's Signature

Date