

Best Kids Montessori Academy

2024 Summer Camp Registration Form

1st Child Information

Full Name: _____ Date of Birth (MM/DD/YYYY): _____

Grade after summer: _____ School: _____

Does this child have special needs or allergies? (If yes, explain): _____

Will this child learn Chinese? Yes No If Yes what level this child will be: _____

2nd Child Information

Full Name: _____ Date of Birth (MM/DD/YYYY): _____

Grade after summer: _____ School: _____

Does this child have special needs or allergies? (If yes, explain): _____

Will this child learn Chinese? Yes No If Yes what level this child will be: _____

Parent/Guardian Information

Mother's Name: _____ Cell Phone number: _____

Father's Name: _____ Cell Phone number: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother's Email: _____

Father's Email: _____

Emergency Contact Information

Emergency Contact Name: _____ Phone number: _____

Relationship to child: _____

Child's Physician Information

Physician's Name: _____ Phone number: _____

Photo Release Authorization

I grant do not grant permission for Best Kids Academy to use and publish photos of my child on their website, social media, newsletters, etc.

Attending Weeks

Please check the following weeks your child(ren) will attend:

<input type="checkbox"/> Week 1: 5/28-5/31	<input type="checkbox"/> Week 7: 7/08-7/12
<input type="checkbox"/> Week 2: 6/03-6/07	<input type="checkbox"/> Week 8: 7/15-7/19
<input type="checkbox"/> Week 3: 6/10-6/14	<input type="checkbox"/> Week 9: 7/22-7/26
<input type="checkbox"/> Week 4: 6/17-6/21	<input type="checkbox"/> Week 10: 7/29-8/02
<input type="checkbox"/> Week 5: 6/24-6/28	<input type="checkbox"/> Week 11: 8/05-8/09
<input type="checkbox"/> Week 6: 7/01-7/05 (Closed on 7/4)	X

Type of Program

Please check which type of program your child(ren) will be in:

Weekly Full Day Daily: M/Tu/W/Th/F

Weekly Half Day M/Tu/W/Th/F (AM: 7:30am-1:00pm / PM: 1:00pm-6:30pm)

T-shirt Size

Youth Extra Small Youth Small Youth Medium Youth Large Youth Extra Large

Liability Waiver

I, _____, as the legal guardian of the child above, hereby waive and release Best Kids Academy and their childcare staff, teachers, organizers, and director from liability as a result of personal injury or property damage occurring while the above child/children is/are in their care at Best Kids Academy. I promise not to file a lawsuit or sue releases on my behalf or on behalf of my child regarding any claim arising from or related to my child’s participation in any Best Kids Academy’s programs. I understand that no insurance coverage for participants in any activities or field trips is provided by Best Kids Academy. I have read this release carefully before signing. I understand what this release means and what I am agreeing to by signing.

Parent/Guardian Signature: _____ Date: _____