

**DHMC
SUMMER REGISTRATION**

**Please print & complete all three pages
1 form per child**

Date _____

Child's Last Name		First Name		Nickname	
Date of Birth	Age in June 2010	Does Child Nap?		Circle One Boy / Girl	

I. Preschool

	Wk 1 6/21-25	Wk 2 6/28-7/2	Wk 3 7/6-9	Wk 4 7/12-16	Wk 5 7/19-23	Wk 6 7/26-30	Wk 7 8/2-6	Wk 8 8/9-13	Wk 9 8/16-20
8:30–11:30 \$120									
12:30-3:30 \$120									
8:30-3:30 \$195									
7-6 \$220									
Extra Hours Needed \$5/hr									

II. Elementary

	Wk 1 6/21-25	Wk 2 6/28-7/2	Wk 3 7/6-9	Wk 4 7/12-16	Wk 5 7/19-23	Wk 6 7/26-30	Wk 7 8/2-6	Wk 8 8/9-13	Wk 9 8/16-20
8:30–11:30 \$120									
12:30-3:30 \$120									
8:30-3:30 \$210									
7-6 \$250									
Extra Hours Needed \$5/hr									

A \$20 non-refundable registration fee is required at the time of enrollment.

Full Payment is required June 15 for any campers enrolled for eight weeks or less. Payment for campers enrolled for the entire nine weeks can be made in two installments.

Refunds will be given only if the opening has been filled by another child.

Yes!
**Please contact
me about
DHMC
tutoring!**

Registration Fee	Non-refundable	\$20.00
_____ Weeks of Camp		\$
<i>Total Due Upon Registration</i>		
Campers 8 weeks or less 1 st Installment due 6/14 2 nd Installment due 7/19		\$

RELEASES AND STATEMENTS OF AGREEMENT AND UNDERSTANDING

MEDICAL RELEASE

I hereby declare that I am the parent or legal guardian of the above-named child. I give my consent, in the event that all reasonable attempts to contact me or designated persons have been unsuccessful, for Dearborn Heights Montessori Center personnel to seek treatment by the physician named above, or in the event the preferred practitioner is not available, by another licensed person. I hereby release and discharge Dearborn Heights Montessori Center, its agents, employees, and officers, from all claims, demands, actions or judgments which the undersigned ever had, now has or may have against the school, its successors or assigned, for all personal injuries or illness, which the child named above may suffer or incur as a result of the actions of Dearborn Heights Montessori Center or in procuring medical treatment.

I certify that the child named above is in good health and free from any communicable disease or illness.

MODEL/PUBLICITY RELEASE

I give permission for the above-named child's name, photograph, video or voice recording to be used for informational or publicity purposes in news stories, press releases, or similar items.

FIELD TRIP PERMISSION/RELEASE

I give permission for the above-named child to participate in field trips or outings with Dearborn Heights Montessori Center. Transportation, when necessary, will be provided by private car, with each child properly restrained, or by contracted bus. Supervision will be provided by DHMC staff and parents or other volunteers. On any field trip or outing, I understand that Dearborn Heights Montessori Center is not responsible for unavoidable accidents or the negligence or actions of persons not employed by or acting for DHMC.

LUNCH AGREEMENT

I agree to provide a lunch for my child on days when he or she will be at the center during the lunch period.

DISMISSAL AGREEMENT

I acknowledge that Dearborn Heights Montessori Center will release my child to only those persons authorized on the Child Information Page. I further acknowledge agreement with DHMC's standard procedures used at the release of children in special circumstances.

I understand that DHMC personnel are not trained to make assessments relating to intoxication or other impairment and therefore assume no responsibility to assess the competency or condition of any individual appearing to pick up a child. DHMC assumes no responsibility for any injury or harm to a child who has been released to a person listed on the Child Information Page or who is authorized by a parent, either verbally or in writing, to pick up a child. DHMC staff respect each family's privacy. However, where other questionable child release situations occur, they have a duty to maintain their role as the child's advocate.

PAYMENT AGREEMENT

I understand that children are enrolled for complete weeks, and that my agreement to pay charges for each full week is not subject to adjustment because of illness or absence. I agree to pay, when applicable, other fees. These may include registration, hourly day care or latchkey, NSF fees, late pickup charges, or an occasional charge for a field trip. I understand that my child may be denied admission to camp if tuition or fees are not paid in a timely manner.

STATEMENT OF UNDERSTANDING

I have read the program description, policies and information, day care or latchkey policies and procedures, and tuition and fee schedule of Dearborn Heights Montessori Center's summer program. I understand and agree with the philosophy and policies, and accept the conditions and terms stated therein. Dearborn Heights Montessori Center reserves the right to modify the rules and policies at its sole discretion with written notice. Such notice requirements shall not be applicable in the event of emergencies or licensing mandates.

If any provision of this contract, program policies or procedures is held invalid or unenforceable, it should be ineffective only to the extent of the invalidity, without affecting or impairing the validity or enforceability of the remainder of the provision or the remaining provisions and intent of this contract. No waiver by DHMC of any right or remedy on one occasion shall be a waiver of that right or remedy on a future occasion.

This contract shall be interpreted in accordance with the laws of the State of Michigan.

My signature below affirms that I have read, understand and accept the terms and conditions of this contract.

Signature of parent or guardian financially responsible for child

Date signed