



UNIVERSITY MONTESSORI SCHOOL
1034 Reservoir Road
Charlottesville, VA 22903
www.universitymontessori.org
Camp Director: Cathey Polley
434-806-5397 or catheypolly@yahoo.com

SUMMER CAMP APPLICATION

Child's name: _____ Nickname: _____
Birthdate: _____ Sex: Male Female
Home address: _____
City/zip code _____

Parent/s name/s: _____
Home phone: _____
Cell phone/s: _____
Occupation: _____
Work address: _____
Work city/zip: _____
Work phone/s: _____

Previous Schools or Child Care Experience/s:

Language/s spoken in the home: _____

Chronic physical problems, developmental information, special accommodations needed:

Is there any other information you would like us to know about your child?

I agree to provide emergency information on forms provided by University Montessori School before the first day my child attends.

University Montessori School does not discriminate on the basis of race, religion, or national ethnic origin.

Please return application with \$25 non-refundable camp registration fee, payable to:

University Montessori School
1034 Reservoir Road
Charlottesville, VA 22903

Signature of Parent or Guardian

Date

<u>Office Use Only</u>	
Start Date:	_____
Date Withdrawn:	_____