



CAMP RAINTREE CONTACT, PERMISSION, AND ALLERGIES

Name of Student: _____ Date of Birth: _____

CONTACT INFORMATION

Emergency Phone Numbers of Parents or Guardians:

Parent/Guardian(Mr/Mrs/Ms): _____

Address _____ Zip code _____

(c) _____ (w) _____ (h) _____

Parent/Guardian(Mr/Mrs/Ms): _____

Address _____ Zip code _____

(c) _____ (w) _____ (h) _____

If parents are separated or divorced, please complete the following items:

Legal Guardian: _____

With whom does child live? _____

Whom should we contact concerning tuition payment? _____

To whom should mailings be sent? _____

OTHER ADULTS AUTHORIZED FOR PICK-UP AND/OR IN CASE OF EMERGENCY

Please list below the names and contact information for people who are authorized to pick-up your child at school or that should be contacted in an emergency if we are unable to reach a parent/guardian.

Name 1: _____

Name 2: _____

Relationship: _____

Relationship: _____

Phones: (c) _____

Phones: (c) _____

(w) _____ (h) _____

(w) _____ (h) _____

Emergency Pick-up

Emergency Pick-up

Name 3: _____

Name 4: _____

Relationship: _____

Relationship: _____

Phones: (c) _____

Phones: (c) _____

(w) _____ (h) _____

(w) _____ (h) _____

Emergency Pick-up

Emergency Pick-up

COMMUNICATION BETWEEN CAMP RAINTREE AND HOME

In May, specific camp information will be available on <http://raintreemontessori.org/camp-raintree>. There you will find the summer schedule, Camp Policies, Rules and Procedures, calendar and upcoming events, Open House, links to campout registration, etc. Please check here often during the summer to keep abreast of new information.

PERMISSION FOR PARTICIPATION IN FIELD TRIPS AND CAMPUS ACTIVITIES

I give permission for my child _____ to participate in field trips and campus activities such as, but not limited to: swimming in the Raintree pools, walking in the Raintree buildings beyond my child’s classroom including to the Raintree library, and taking walks on the campus while a student/camper at Raintree Montessori School. I also give permission to participate in boating and archery while a student/camper at Raintree Montessori School.

Parent/Guardian Signature: _____ Date: _____

PHOTOGRAPH POLICY

Raintree actively seeks opportunities to promote a positive image of our school and applaud outstanding achievements of our students. Photos and videos of students may be posted on our web pages, inner social media, published in school newsletters, used in various printed school materials and given to print and broadcast media throughout the year. We prefer that all families allow for photos of their children to be used.

HOWEVER, if you do not give permission for a photo or video of your child to be used in our printed materials, on our Web pages, in social media and in media releases, please notify the school in writing via email at sheila@raintreemontessori.org.

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ALLERGY ALERT! Please check one of the boxes below and if yes, complete the next two sections.

- NO, my child has NO allergies of concern.
- YES, my child has allergies that Raintree needs to be made aware.

If yes, please describe any allergies your child may have to specific drugs, foods, or other substances:

Please describe the protocol to follow if your child is exposed to the above allergen(s).

AGREEMENT BY SIGNATURE

I have read and agree with the provided school information, namely the Tuition and Fee Schedule, Calendar, and Policies and Procedures applicable, and the Raintree Parent Handbook found online.

Parent/Guardian Signature: _____ Date: _____