



# Center Montessori School




## Band Camp

with Alicia Kennedy, Band Director




*Jump Start the New School Year*

Band Camp at the Center will be a fun-filled musical learning experience open to rising 5th & 6th graders (2019/2020)



August 6-8, 2019



5th grade band students 9:00 – 11:00 a.m.

6th grade band students 1:00 – 3:00 p.m.



Center Montessori School  
BAND CAMP 2019 Registration

Child' Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parents' Marital Status \_\_\_\_\_

Father (or Guardian) \_\_\_\_\_ Mother (or Guardian ) \_\_\_\_\_

Business /Profession \_\_\_\_\_ Business/Profession \_\_\_\_\_

Name of Firm \_\_\_\_\_ Names of Firm \_\_\_\_\_

Business Address \_\_\_\_\_ Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Do we have permission to contact the doctor in an emergency? Yes No

Do we have permission to take your child to a hospital emergency room? Yes No

Preferred hospital \_\_\_\_\_

List the name, telephone number and address of two people in this vicinity to be contacted if you cannot be reached AND TO WHOM YOUR CHILD CAN BE RELEASED IN CASE OF AN EMERGENCY.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Carpool information: list the names and telephone numbers of the persons your child may be riding with.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Previous school attended \_\_\_\_\_

Is there any unusual family situation about which the school should be advised? \_\_\_\_\_

\_\_\_\_\_

Does your child have any special physical (allergies) or emotional problems? \_\_\_\_\_