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.
Child's 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? _________________________________

_________________________________________________________________________________________________