



Hilltop Montessori school
WHERE LEARNING COMES NATURALLY
8:30am-12:30pm

After camp care available if
enough interest



**Morning immersion in
Montessori**



**7-acre campus; certified
wildlife habitat**



**Highly credentialed
faculty**

SUMMER 2021

Place a check mark next to the session(s) your child plans to attend:

Camp total \$ _____
Payment 1 _____
Ck # \$ _____
Payment 2 _____
Ck # \$ _____

TODDLER

- 6/7-6/11 Kids in the Kitchen-*Ms. Susan/Ms. Teresa*
- 6/14-6/18 Ocean/Beach Fun-*Ms. C/*
- 6/21-6/25 On the Farm-*Ms. C/Ms. Shellie*
- 6/28-7/2 Hands on Art-*Ms. C/Ms. Teresa*
- 7/5-7/9 CLOSED**
- 7/12-7/16 Storytime- *Ms. C/Ms. Shellie*
- 7/19-7/23 Community Helpers-*Ms. Susan/Ms. Melissa*

After-camp care (available only with enough interest)

8:30a-12:30p **\$280**
18 month-3 years

PRESCHOOL/KINDERGARTEN

- 6/7-6/11 Zoology and Pets-*Ms. Mary Jo/Ms. Mary*
- 6/14-6/18 Amazing Science-*Ms. Roopa/*
- 6/21-6/25 Explore the Ocean-*Ms. Teresa/Ms. Susan*
- 6/28-7/2 Spanish Drama & Music-*Ms. Andrea/Ms. Mary*
- 7/5-7/9 CLOSED**
- 7/12-7/16 Spanish Fun & Food-*Ms. Andrea/Ms. Mary*
- 7/19-7/23 Up in Space- *Ms. Mary Jo/Ms. Brittany*

After-camp care (available only with enough interest)

8:30a-12:30p **\$280**
3-6 years-must be potty trained

A daily, healthy snack is school provided. Parents are responsible for a daily lunch and water bottle.

Teachers subject to change and all camps sessions are subject to cancellation if there is a lack of participation. Check the After-camp care box if you are interested and we will contact you if we have enough interest. After camp care will only be offered if we have enough interest.

Child's Name _____ Toddler ___ Preschool ___

Date of Birth ___/___/___ Age on 6/01 _____ Current Hilltop Student: YES NO

Home Address _____

Street _____ City _____ State _____ Zip _____

Home Phone #() _____ Home E-mail _____

Does your child have any special needs, health issues or allergies?

Child's Physician _____ Phone _____

Insurance _____ Policy # _____

Policy Holder _____ Relation to child _____

Mother _____

Father _____

Address _____

Address _____

Work # _____ Cell # _____

Work # _____ Cell # _____

E-mail _____

E-mail _____

HMS is accredited by *The American Montessori Society, The Southern Association of Independent Schools, Cognia* and the *National Council of Private School Accreditation*. Our summer programs are open to the community, as well as HMS students and others who are interested in dipping their toe into the benefits of the Montessori model. Our summer programs are all taught by our highly credentialed faculty.

6 Abbott Square, Birmingham, AL 35242 ♦ (205)437-9343 ♦ HMS@hilltopmontessori.com ♦ www.hilltopmontessori.com

BOTH SIDES MUST BE COMPLETED

STUDENT RELEASE AND EMERGENCY CONTACT INFORMATION

An original AL Immunization Certificate **MUST** accompany application.
Current students have a form on file and do not need a new blue form unless expired.

Child's Full, Legal Name _____

Preferred name if different from above _____

Date of Birth ____ / ____ / ____ Age on 6/01 ____ Grade _____

RELEASE INFORMATION

My child may be released to only the following people (car pool, check-out, transportation) with a written note or phone call from the parent/guardian. **MUST include parent/guardian information.**

Name _____

Relationship PARENT Day Phone _____ Cell _____

Name _____

Relationship PARENT Day Phone _____ Cell _____

Name _____

Relationship _____ Day Phone _____ Cell _____

Name _____

Relationship _____ Day Phone _____ Cell _____

EMERGENCY CONTACT INFORMATION

MUST include parent/guardian information.

All names/numbers same as above

Name _____

Relationship MOTHER Day Phone _____ Cell _____

Name _____

Relationship FATHER Day Phone _____ Cell _____

Name _____

Relationship _____ Day Phone _____ Cell _____

Name _____

Relationship _____ Day Phone _____ Cell _____

Hilltop Montessori School has my permission to give my child medical attention in the event of an emergency and I cannot be contacted. I give the staff authorization to secure and consent to medical treatment or services. I agree to assume responsibility for payment of all medical costs incurred.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____