



HILLTOP
MONTESSORI
SCHOOL

8:30am-12:30pm

After-camp care available with
enough interest



**Morning immersion in
Montessori**



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



**Highly credentialed
faculty**

SUMMER 2023

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

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

| <u>TODDLER</u> | <u>PRIMARY/KINDERGARTEN</u> |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> 6/5-6/9 Oceans of Fun- <i>Brittany/Ceci</i> | <input type="checkbox"/> 6/5-6/9 In the Garden- <i>Ona/Mary</i> |
| <input type="checkbox"/> 6/12-6/16 Art & Movement- <i>C/Michelle</i> | <input type="checkbox"/> 6/12-6/16 Art- <i>Ona/Ceci</i> |
| <input type="checkbox"/> 6/19-6/23 Construction- <i>C/Ceci</i> | <input type="checkbox"/> 6/19-6/23 Carnival of Animals- <i>April/Stephanie</i> |
| <input type="checkbox"/> 6/26-6/30 Science in the Kitchen- <i>C/Michelle</i> | <input type="checkbox"/> 6/26-6/30 5 Senses- <i>April/Ceci</i> |
| 7/3-7/7 CLOSED | 7/3-7/7 CLOSED |
| <input type="checkbox"/> 7/10-7/14 Storytelling & Music- <i>C/Ceci</i> | <input type="checkbox"/> 7/10-7/14 Music- <i>Cindi/April</i> |
| <input type="checkbox"/> 7/17-7/21 Pets- <i>Brittany/Ceci</i> | <input type="checkbox"/> 7/17-7/21 Stories & Crafts- <i>Roopa/Teresa</i> |
| <input type="checkbox"/> After-camp care (available with enough interest) | <input type="checkbox"/> After-camp care (available with enough interest) |
| 8:30a-12:30p \$280 ea. 18 month-3 years | 8:30a-12:30p \$280 ea. 3-6 years (must be potty trained) |

Parents are responsible for a daily lunch and water bottle.

*Teachers subject to change and all camp sessions are subject to cancellation with a refund, if there is a lack of participation. **Sessions are based on a first-come-first-serve basis and once filled are non-refundable.** 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 with enough interest.***

Child's Name _____ Toddler _____ Primary/Kindergarten _____

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

Child's Home Address _____

Contact Phone # _____ Street _____ City _____ State _____ Zip _____

Parent-1 (Primary Contact) _____ Parent-2 _____

Email-1 _____ Email-2 _____

Cell-1 _____ Work-1 _____ Cell-2 _____ Work-2 _____

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

Child's Physician _____ Phone (____) _____

Insurance _____ Policy # _____

Policy Holder _____ Relation to child _____

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 HMS students, as well as the community and others who are interested in the benefits of Montessori learning. Our summer programs are all taught by our highly credentialed faculty.

HALF PAYMENT DUE WITH FORM TO SECURE SPOT/PAYMENT DUE IN FULL BY MAY 1, 2023

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 Alabama Immunization Certificate **MUST** accompany this application.

Current students have a form on file and do not need a new form unless expired.

Child's Full, Legal Name _____

Preferred name if different from above _____

Date of Birth ____/____/____ Age on 6/01 _____ Toddler/Primary-Kindergarten _____

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 1 _____ Day Phone _____ Cell _____

*Name _____

Relationship PARENT 2 _____ 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 PARENT _____ Day Phone _____ Cell _____

*Name _____

Relationship PARENT _____ 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 _____

BOTH SIDES MUST BE COMPLETED