



Summer Program 2010 Application

Please fill out the entire application.
If a question is not applicable, please write N/A.

Student First Name				Last Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate		Nick Name	
Applying for:	<input type="checkbox"/> Full Day Early Childhood	<input type="checkbox"/> AM Early Childhood (3 year olds only)	<input type="checkbox"/> PM Early Childhood (3 year olds only)	<input type="checkbox"/> Elementary (grades 1-6)	
Check Weeks Attending 4 Week Minimum	<input type="checkbox"/> June 28 - July 2 <input type="checkbox"/> July 26 - 30	<input type="checkbox"/> July 6 - 9 <input type="checkbox"/> August 2 - 6	<input type="checkbox"/> July 12 - 16 <input type="checkbox"/> August 9 - 13	<input type="checkbox"/> July 19 - 23 <input type="checkbox"/> August 16 - 20	
Office Use Only:	Date Received		Age		A/D

HOUSEHOLD ONE					
Street Address					
City		State		Zip	
Home Phone		Home Email			
Parent/Guradian #1 First Name		Parent/Guradian #2 First Name			
Last Name		Last Name			
Relationship to Student		Relationship to Student			
Work Place/Occupation		Work Place/Occupation			
Hours Worked		Hours Worked			
Work Phone		Work Phone			
Cell Phone		Cell Phone			
Personal Email		Personal Email			

HOUSEHOLD TWO (if applicable)					
Street Address					
City		State		Zip	
Home Phone		Home Email			
Parent/Guardian #3 First Name		Parent/Guardian #4 First Name			
Last Name		Last Name			
Relationship to Student		Relationship to Student			
Work Place/Occupation		Work Place/Occupation			
Hours Worked		Hours Worked			
Work Phone		Work Phone			
Cell Phone		Cell Phone			
Personal Email		Personal Email			

Please explain custody arrangements:

IN CASE OF EMERGENCY - PLEASE INDICATE THE ORDER IN WHICH PARENTS SHOULD BE CONTACTED

___ Parent/Guardian #1 ___ Parent/Guardian #2 ___ Parent/Guardian #3 ___ Parent/Guardian #4

ALTERNATIVE EMERGENCY CONTACT AND AUTHORIZED STUDENT PICK-UP LIST

The following persons are authorized to pick up our child and will be called if you cannot be reached in an emergency.

Name	Relationship	Phone

OTHER INFORMATION

Primary language spoken at home		Secondary language	
How would you describe your child's personality?			
Are there any areas of concern of which we should be aware?			
Are there any family circumstances of which we should be aware?			
How did you hear about Cedar River Montessori School?			
What is your child's experience in swimming? Level achieved?			

SIBLING INFORMATION

Name	Gender	Birthdate
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /

HEALTH HISTORY

Student Name		Birthdate	/ /	Date of last physical	/ /
Has your child had any of the following (check all that apply):					
<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Measles (hard)		
<input type="checkbox"/> Severe Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Problems with Vision	<input type="checkbox"/> German Measles		
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Problems with Hearing	<input type="checkbox"/> Mumps		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Frequent Sore Throats	<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Poliomyelitis		
Are there other health problems?					
<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please describe:				
Does your child have any allergies?					
<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please describe:				
Name of pediatrician or other specialist				Phone	

IMMUNIZATION INFORMATION

Upon acceptance, you will be required to complete a *Certificate of Immunization Status*. This is pursuant to Washington State Administrative Code 180-38-060 which requires that you provide immunization records prior to enrollment.

If you choose not to have your child immunized then you must complete and sign either a personal or religious exemption. If you choose either of these in place of having your child immunized then you need to be aware that in the event of an outbreak of contagious disease, your child may be excluded from educational services at CRMS. Immunization can be obtained from public health agencies or from you physician.

CRMS uses the Washington State Department of Health form DOH 348-013 *Certificate of Immunization Status* for all students and such form will be provided to you prior to your child receiving educational services at CRMS. This form must be completed and signed by the appropriate parties indicated on the form.

PARENT/GUARDIAN SIGNATURE(S)

Signature(s)		Date	
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