Ramalynn Montessori Academy INC.

Summer Registration

Grades 1-8

1. Read Course Description carefully.
2. Select Payment Option.
3. Submit Health/ Field Trip Forms
4. **To register, send completed forms and $25.00 non-refundable registration fee to RMA,** 5917 West 101st St, Bloomington, MN 55438. Please make your check payable to Ramalynn Montessori Academy. (After May 10th please send payment in full.)

I want to register for:

☐ **Option One**	7:00 am – 5:30 pm	☐ June $500.00 ☐ July $1,000 ☐ August $500	Amount $_____
☐ **Option Two**	7:00 am – 5:30 pm	Full summer fee $2,000.00	Amount $_____
☐ **Option Three**	8:30 am –2:30 pm or 11:30-5:30 pm (6 hrs/day)	$240.00 per week # of wks: _____	Amount $_____
☐ **Option Four**	8:30 am -11:30 am	$150.00 per week # of wks: _____	Amount $_____
☐ **Option Five**	7:00 am -5:30 pm	$260.00 per week # of wks: _____	Amount $_____
☐ **Sports Camp Only**	11:30 am -5:30 pm	$240 per week $960 per month # of wks: ____	Amount $_____
☐ **Registration Fee $25**			Amount $ 25.00

Total Amount Enclosed $_____

_____
Student Name Age School

_____
Parent(s)

_____
Address City State Zip

_(_____)_____(_____)_____(_____)_____
Home Phone Work Phone Cell Phone

_(_____)_____(_____)_____(_____)_____
Home Phone Work Phone Cell Phone

_____
email address

Please check the following camps the student will be attending:

☐ Dr. Seuss, June 18th -22nd	☐ Rockets!, July 9th-13th	☐ Summer Olympics, July 30th-Aug. 3rd
☐ Ancient Egypt, June 25th -29th	☐ Spanish, July 16th -20th	☐ Math Camp, Aug. 6th -10th
☐ Red, White & Blue, July 2nd -3rd	☐ Italia! , July 23rd-27th	☐ Hawaii, Aug. 13th -15th

Waiver: I understand that participation in this activity or program is ***completely voluntary*** and that the activity or program being offered is for the benefit of the participant. Ramalynn Montessori Academy (RMA) shall not be liable for any claims, injuries, or damages, of whatever nature, incurred by the participant which are directly or indirectly attributable to the negligence, whether passive or active, of RMA, their agents or employees, arising out of, or in connection with, the activity or program. On behalf of myself and the participant, I expressly release and discharge RMA, their agents or employees from any such claims, injuries, or damages. I also understand this waiver includes any injuries that may result from the condition of the facilities used in the activity or program.

Guardian Permission / Release Agreement: Summer staff takes pictures, slides and videos of children enjoying the activities for use at open house events, in scrapbooks and RMA marketing materials.

I grant permission to use the name, pictures and quotes of my child for the above purposes. ☐ ***No***

Data Privacy: The data supplied on this form will be used to enroll you in our summer program. Some requested data is private. It is available to you and RMA staff who need this information to perform their duties, but it is not available to the public. You are not legally required to provide this data, but RMA staff may not be able to complete your registration.

I understand and agree to the tuition payment plan and the school policies as explained above.

_____
Parent/Legal Guardian Signature Date