

2020 Summer Registration

Montessori Primary



RAMALYNN ACADEMY
SMALL SCHOOL. BIG IMPACT.

1. Read Course Description carefully.
2. Select Payment Option.
3. **To register, turn in completed forms and \$25.00 non-refundable registration fee to RMA by April 1st.**
Please make your check payable to Ramalynn Montessori Academy.

I want to register for:

<input type="checkbox"/> Option One	7:30 am – 5:15 pm	Full Summer Fee:	<input type="checkbox"/> \$2,870	Amount \$ _____
		Monthly:	<input type="checkbox"/> June \$635 <input type="checkbox"/> July \$1,270 <input type="checkbox"/> August \$965	Amount \$ _____
		Weekly:	<input type="checkbox"/> \$380 per week Number of Weeks: _____	Amount \$ _____
<input type="checkbox"/> Option Two	9:00 am -2:30 pm	Monthly:	<input type="checkbox"/> June \$555 <input type="checkbox"/> July \$1,110 <input type="checkbox"/> August \$835	Amount \$ _____
<input type="checkbox"/> Option Three	9:00 am -12:00 pm	Weekly:	<input type="checkbox"/> \$280 per week Number of Weeks: _____	Amount \$ _____

If you selected the **Weekly Option**, please check the following weeks the student will be attending:

JUNE:	<input type="checkbox"/> June 15 th - 19 th	<input type="checkbox"/> June 22 nd - 26 th				
JULY:	<input type="checkbox"/> June 29 th - July 2 nd	Closed July 3rd	<input type="checkbox"/> July 6 th - 10 th	<input type="checkbox"/> July 13 th - 17 th	<input type="checkbox"/> July 20 th - 24 th	<input type="checkbox"/> July 27 th - 31 st
AUGUST:	<input type="checkbox"/> Aug 3 rd - 7 th	<input type="checkbox"/> Aug 10 th - 14 th	<input type="checkbox"/> Aug 17 th - 21 st			

<input checked="" type="checkbox"/> Registration Fee	Amount \$ <u>25.00</u>
Total Amount Enclosed: \$ _____	

Student Name	Age	School
--------------	-----	--------

Parent / Legal Guardian (s)

Address	City	State	Zip
---------	------	-------	-----

()	()	()
Mother's Home Phone	Mother's Work Phone	Mother's Cell Phone

()	()	()
Father's Home Phone	Father's Work Phone	Father's Cell Phone

Mother's email address	Father's email address
------------------------	------------------------

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 scrap-books and RMA marketing materials.

I grant permission to use the name, pictures and quotes of my child for the above purposes. ☐ Yes ☐ 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