

2020 Summer Registration

Grades 1-8



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	8:00 am – 5:30 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 -12:00 pm				
	Weekly:	<input type="checkbox"/> \$280 per week	Number of Weeks: _____		Amount \$ _____
<input type="checkbox"/> Sports Camp Only	12:00 pm - 5:30 pm				
	Monthly:	<input type="checkbox"/> June \$500	<input type="checkbox"/> July \$1,000	<input type="checkbox"/> August \$750	Amount \$ _____
	Weekly:	<input type="checkbox"/> \$310 per week	Number of Weeks: _____		Amount \$ _____
<input type="checkbox"/> Horse Camp	\$400 - June 23-25, 2020 - T-Th 9:00am - 3:00pm				Amount \$ _____

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

JUNE: ☐ June 15th - 19th ☐ June 22nd - 26th
JULY: ☐ June 29th - July 2nd **Closed July 3rd** ☐ July 6th - 10th ☐ July 13th - 17th ☐ July 20th - 24th ☐ July 27th - 31st
AUGUST: ☐ Aug 3rd - 7th ☐ Aug 10th - 14th ☐ Aug 17th - 21st

☒ **Registration Fee** Amount \$ 25.00
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 _____