



2025 Acorn Summer Exploration Registration Form

To register, submit this form to emily@materamoris.org

Child Name: _____ Age as of 8/8/2025: _____

Current residence: _____

Emergency Contact Information

Emergency Contact (Parent or Legal Guardian): _____

Phone: _____ Relationship: _____

2nd Emergency Contact (Other than parent above): _____

Phone: _____ Relationship: _____

Primary Care Physician or other provider of medical care: _____

Phone: _____

Health Information:

Are there any health problems including physical, psychiatric, or behavior problems of which we need to be aware?

No Yes, explain _____

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's experience is positive?

No Yes, explain _____

Immunization Information:

Must list current residence above. For children who currently reside within the United States, a United States territory, or the District of Columbia:

Does the child have any immunization exemptions because of a parental or guardian objection or medical contraindication?

No Yes, explain _____

For children who reside outside of the United States territory, or the District of Columbia, attach record of vaccination or immunity on Department form MDH-896.

Parent or Legal Guardian's Signature: _____ Date: _____

Please indicate below which week(s) your child will attend.		
Date	Enrolling for Day Program?	Weekly Day Program Cost
June 23-27		\$415
June 30-July 3		\$330
July 7-July 11		\$415
July 14-18		\$415
July 21-25		\$415
July 28-August 1		\$415
August 4-8		\$415

Hours

Day program hours are 9:00 am -4:00 pm.

Drop off is from 8:45-9:00. Pick-up is from 4:00-4:15.

Pricing

The cost of one week of Acorn Summer Exploration is \$415 for all weeks except week 2 (due to the Independence Day closure). Registration is first come, first served. Early Bird registrations receive a 5% discount for enrolling in more than 3 weeks of Acorn Summer Exploration. Payment is due in full at the time of registration and is to be paid through FACTS.

A late pick-up fee of \$35.00 will be assessed for any student who is picked up after 4:15 pm.

Cancellations

Registration cancellations received on or before June 1, 2024, are eligible for a 75% refund. No refunds will be issued for cancellations after June 1, 2024. Exceptions may be made for extraordinary circumstances at the discretion of the Head of School.

The school reserves the right to cancel the program if minimum enrollment is not met.

What to Bring

Children enrolled in Acorn Summer Exploration should bring a water bottle, sunscreen, bug spray, a snack, lunch, and a change of clothes. A swimsuit and towel will be requested on water play days.

Medical Authorization

I hereby give permission that my child, named above, may be given emergency treatment to include first aid and CPR by a qualified staff member at Mater Amoris Montessori School. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

BY MY ELECTRONIC OR PRINTED SIGNATURE BELOW I CONFIRM THAT I HAVE READ THIS AGREEMENT AND AGREE TO BE FULLY BOUND BY ALL ITS TERMS AND CONDITIONS. I AGREE TO THE INDICATED CHARGES ADDED TO MY FACTS ACCOUNT. I AM SIGNING ON MY BEHALF AND ON BEHALF OF MY SPOUSE (if any) WITH EXPRESS AUTHORITY AND WE BOTH ACKNOWLEDGE RESPONSIBILITY FOR THE OBLIGATIONS HEREIN.

Parent/Guardian Signature: _____ Date: _____