



# 2025 Performing Arts Intensive Registration Form

To register, submit this form to [emily@materamoris.org](mailto:emily@materamoris.org)

Child Name: \_\_\_\_\_ Age as of 8/8/2025: \_\_\_\_\_

Current residence: \_\_\_\_\_

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## 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: \_\_\_\_\_

**Parent or Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



### **Dates**

Our Performing Arts Intensive will run from June 16th-20th, with Mater Amoris being closed for Juneteenth on the 19th. We hope to see you there!

### **Hours**

Drop off will be from 8:45-9:00 with programming starting at 9:00. The pick-up window will be from 3:30-3:45.

### **Pricing**

The cost of the week is \$305. Registration is first come, first served.

### **Cancellations**

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

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

### **What to Bring**

Students enrolling in the Performing Arts Intensive should bring a water bottle, sunscreen, bug spray, morning snack, and lunch.

### **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: \_\_\_\_\_