



CHRISTIAN
MONTESSORI
SCHOOL
of Ann Arbor

Adolescent Community Service Summer Program *2009 Registration*

\$25.00 Resource fee due per work week

Resource fee covers administration, snacks, and activities.

Please bring packed lunch daily.

Participant's Full Name _____ Birthdate _____

Address _____ City _____ Zip _____

Email _____ Phone *(list two)* _____

Mother's Name _____ Father's Name _____

Please indicate the project week(s) you wish attend:

- Week 1: Wed., June 10 – Fri., June 12
- Week 2: Tues., June 16 – Thurs., June 18
- Week 3: Tues., June 23 – Thurs., June 25
- Week 4: Mon., June 29 – Wed., July 1
- Week 5: Tues., July 7 – Thurs., July 9
- Week 6: Tues., July 14 – Thurs., July 16

I CONFIRM THAT THE FOLLOWING INFORMATION WILL BE COMPLETED BEFORE THE FIRST DAY OF MY/MY CHILD'S WORK WEEK.

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| <ol style="list-style-type: none">1. Medical Authorization Form2. Emergency Contact Form3. Acknowledgement of Physical Health4. Snack Form5. Authorization Form6. Waiver Form |
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To secure placement in your preferred week(s) please complete and return this form with your check made out to CMSAA.

Participant's Signature *(Parent's Signature required if participant is under 18 years old)* _____ Date _____