

# 2012 Bilingual Montessori School Summer Enriched Program Code of Conduct

## Children must:

- Maintain personal care (toileting, changing) without staff support
- Stay with assigned group at all times
- Respect others in what you say and do
- Listen to program teachers and follow directions
- Use equipment and supplies in a safe and appropriate manner
- Keep hands to oneself and maintain self-control
- Take care of their own belongings
- Use Equipment and supplies in a safe and appropriate manner
- Teasing and bullying are not tolerated and are grounds for enrollment termination with no refund given
- Play safe and have fun

## Parents must:

- Complete and submit appropriate paperwork from the parent packet
- Sign children in and out of the program and bring proper I.D.
- Be on time to pick up children or late fee will apply
- Assist staff in resolving behavior issues
- Contact the office immediately when issues arise

## Grounds for Immediate Dismissal (no refund given):

- A parent who refused to follow BMS policies as stated in the parent packet
- A child who brings a weapon to camp
- A child who intentionally hurts himself or causes injury to another child or staff member
- A child who vandalizes the school property
- A child who steals items from BMS, staff or other children
- A child who displays inappropriate behavior repeatedly
- A child who fails to comply with the Rules as set by participants and Staff.

We have read and understand the Rules of Conduct and agree to uphold them to maintain a safe and enjoyable camp experience for everyone.

Child's Name (Please Print):

\_\_\_\_\_

Signature of Child: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

Parent's/Guardian's Home Phone:

\_\_\_\_\_

Work Phone: \_\_\_\_\_ cell: \_\_\_\_\_

**PART A: PARTICIPANT INFORMATION (To be completed by parent / guardian)**  
**Bilingual Montessori School Summer Enriched Program**  
**2012 REGISTRATION FORM**

Name \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_  
Street Apt. # City State Zip

Phone Numbers \_\_\_\_\_  
Home Cell Pager

Phone Numbers \_\_\_\_\_  
Home Cell Pager

E-Mail Address \_\_\_\_\_

Participant Age \_\_\_\_\_ Participant Birth date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Month/Day/Year

Participant's School \_\_\_\_\_ Grade Level (Fall of '12) \_\_\_\_\_

**PART B: EMERGENCY CONTACT INFORMATION**

Mother | Father | Guardian Name (Please print) \_\_\_\_\_  
Please circle one

Phone numbers for above named person \_\_\_\_\_  
Home Cell Work

Mother | Father | Guardian Name (Please print) \_\_\_\_\_  
Please circle one

Phone numbers for above named person \_\_\_\_\_  
Home Cell Work

Emergency contact if neither parent(s) nor guardian(s) are available:

(1) \_\_\_\_\_  
Name Relationship Phone Number(s)

(2) \_\_\_\_\_  
Name Relationship Phone Number(s)

**PART C: MEDICAL INFORMATION**

Participant's Physician Name \_\_\_\_\_

Physician's Address Phone \_\_\_\_\_

Date of last Tetanus Shot (or indicate if shots are current) \_\_\_/\_\_\_/\_\_\_ Current \_\_\_ Yes \_\_\_ No

Is your child allowed to participate in swimming/wading activities if in the program? \_\_\_ Yes \_\_\_ No

Your child's swimming ability is \_\_\_ Non-Swimmer \_\_\_ Beginner Swimmer \_\_\_ Experienced

**PART D: ALLERGY & MEDICATION INFORMATION**

Does participant have any known allergies? \_\_\_ YES \_\_\_ NO

Please specify known allergies \_\_\_\_\_

Is participant currently taking any prescription or over-the-counter medication? \_\_\_ YES \_\_\_ NO

If YES, please specify \_\_\_\_\_

**THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD FROM  
BMS Summer Enriched Program:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PLEASE LIST ANY PERSON UNAUTHORIZED TO PICK UP YOUR CHILD:**  
(Appropriate custody papers shall be attached if a parent is not allowed to pick up the child.)

Name: Relationship: \_\_\_\_\_

Name: Relationship: \_\_\_\_\_

Please add anything else you feel is important for us to know about your child to make his/her summer experience the best it can be: \_\_\_\_\_

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I hereby authorize Bilingual Montessori School to take my child to the aforementioned physician or Los Alamos Medical Center for treatment in the event of any emergency in which a parent or legal guardian cannot be reached.

I hereby authorize any licensed physician or Los Alamos Medical Center to treat my child in case of an emergency in which the aforementioned physician cannot respond and a parent or legal guardian cannot be reached.

I hereby authorize Bilingual Montessori School and Atomic City Transit to transport my child.

I, the undersigned, for myself, and on behalf of the minor child, give consent for my child to participate in the full BMS Summer Enriched Program and all activities unless I advise you in writing. I give permission for BMS to use any photograph of my child for promotional material. To the best of my knowledge my child is in good health and I will notify the camp if he/she is exposed to any infectious diseases. I further release and agree to indemnify and hold harmless Bilingual Montessori School, and staff from any liability concerning my child's involvement in the BMS Summer Enriched Program and further agree that the use of all Bilingual Montessori School facilities is made at the risk of the registrant.

I understand that the BMS Administration reserves the right to dismiss a camper who in their opinion is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of BMS Summer Enriched Program.

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Parent/Legal Guardian Signature

Date

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Parent/Legal Guardian Signature

Date