



LITTLE FLOWER MONTESSORI SCHOOL

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www.littleflowermontessorischool.com

APPLICATION FOR SUMMER 2023

For Office Use Only		
Check #:	_____	
Amount:	_____	
Class: 1	2	
Session: AM	PM	FD
Sibling: Y	N	

Today's Date _____

Name of Student _____ Sex ___ Age ___ Date of Birth _____

Student's Address _____

Street

City

State

Zip Code

Father's Name _____ Cell Phone _____

Business Phone _____ Email Address _____

Mother's Name _____ Cell Phone _____

Business Phone _____ Email Address _____

Name of Pediatrician _____ Phone _____

Name and telephone # for Emergency Contacts :(other than parents)

1. _____ 2. _____

*Please indicate if your child has any food allergies: _____

INDICATE THE PROGRAM IN WHICH YOU WOULD LIKE TO ENROLL YOUR CHILD

SUMMER SESSIONS

___ July (July 3rd – July 28th) ___ August (July 31st – August 18th)

___ Full Day Session

Mon - Fri (8:45 AM – 3:15 PM)

___ Morning Session

Mon - Fri (8:45 AM – 11:30 AM)

___ Afternoon Session

Mon - Fri (12:30 PM – 3:15 PM)

EXTENDED CARE

___ Before Care

Mon - Fri (8:00 AM – 8:45 AM)

___ Aftercare

Mon - Fri (3:45 PM – 6:00 PM)

A Little Flower Montessori School Summer Camp T-Shirt will be required to be worn on all field trips, please submit an additional \$12.00 payment. Students will not be allowed to attend without t-shirt.

Select the Size: 2t-3t X-Small (4-5) Small (6-8) Medium (10-12)

PAYMENT SCHEDULE

MONTH

PAYMENT DUE DATE

July (July 3rd – July 28th) ----- When enrollment form is submitted.

August (July 31st – August 18th) ----- Friday, July 14th

Signature of Parent: _____

SUNSCREEN AUTHORIZATION FORM

All sunscreen products must be provided in the original container by the parent(s) and clearly labeled with the child's full name and given to your child's teacher.

*Never leave sunscreen within a child's reach.

All sunscreens must be hypo-allergenic and have a minimum SPF of 30.

(AEROSOL SUNSCREEN SPRAYS ONLY.)

I, _____ parent
(First name, Last name)

of _____ do hereby authorize
(First name, Last name)

Little Flower Montessori staff to topically apply sunscreen to

My child, _____.

Name of Sunscreen Authorized: _____

Parent Authorization noting any known adverse reactions: _____

I will NOT hold Little Flower Montessori and its staff in the event of any adverse reaction resulting from the application of this sunscreen.

Parent Signature

Date