



ADVENTURES

APPLICATION FOR SUMMER PROGRAM 2010

CHILD'S NAME _____

GENDER BOY GIRL DOB _____

PREFERRED NAME _____

GRADE ENTERING _____ SCHOOL _____

ADDRESS _____

T-SHIRT SIZE T YXS YS YM YL AS AM

HOW DID YOU HEAR ABOUT ADVENTURES?

PHONE _____

Parent/Guardian 1:

Parent/Guardian 2:

Name _____

Name _____

Relationship _____

Relationship _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Signature Parent/Guardian 1: _____ Date _____

Signature Parent/Guardian 2: _____ Date _____

All application information is confidential.

New Student screenings:

All students applying to ADVENTURES are required to complete a screening visit at Harborlight Montessori School.

Please call the school to schedule your appointment.

Students currently enrolled at Harborlight or who have previously attended ADVENTURES are not required to re-apply.

Office Use Only: Date Received _____ Initials _____ Screening Date _____

ADVENTURES AT HARBORLIGHT MONTESSORI SCHOOL

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