



VIRGIN ISLANDS MONTESSORI SCHOOL & PETER GRUBER INTERNATIONAL ACADEMY

INTERNATIONAL SUMMER ACADEMY Registration Form 2016

Name of Child: _____

Date of Birth: ____/____/____ Age: _____

School Attending: _____ Grade (2016-17) _____

CONTACT INFORMATION

Mother's/Guardian's Name _____

Cell Phone Number _____ Work Phone Number _____

Home Phone Number _____ Email Address _____

Father's/Guardian's Name _____

Cell Phone Number _____ Work Phone Number _____

Physical Address _____

Mailing Address _____

Emergency Contact Name _____

Relationship to child _____ Phone Number _____

Please list allergies _____

Please list prescribed medications _____

Child's Physician's name _____ Phone Number _____

Please indicate which weeks your child will enroll:

____ Week 1: June 20-24, 2016

____ Week 2: June 27- July 1, 2016

____ Week 3: July 5-8, 2016

____ Week 4: July 11-15, 2016

____ Week 5: July 18-22, 2016

Please select Method of Payment:

____ Cash ____ Checks (made payable to VIMSIA) ____ Credit Card

Credit Card # _____ Exp. Date _____

Please attach Health Immunization Record and Signed Activity Release