## Montessori School of Maui After School Studio Sign-Up Form- Winter Session 2014

Fill out this form and turn into the Main Office along with your payment(s)\* by Thursday, December 14, 2013 \*Separate checks are required for each studio

I would like to sign my child up for the following studio(s):

MONDAYS	
Ceramics Studio (LE- MS)	Indian Dance Studio (Ages 8 and Up)
\$102* (7 sessions)	\$95* (7 sessions)
*Make checks payable to: Sandra Guerard	*Make checks payable to: Sarala Dandekar Vafaie
TUI	ESDAYS
Yoga Studio (LE- MS)	Kickboxing/Self-Defense Studio (LE- MS)
\$96* (8 sessions)	\$100* (6 sessions)
*Make checks payable to: Gloria DelRivo	*Make checks payable to: Christine Han
THU	IRSDAYS
Robotics Studio II (Prerequisite: Robotics I)	French Baking from Scratch (LE- MS)
\$*200 (10 sessions)	\$100* (5 sessions)
*Make checks payable to: <b>Jason Verkaart</b>	*Make checks payable to: <b>Marie-Laure Ditte</b>
FRIDAYS	
Robotics Studio I (Ages 9 and Up)	Ceramics Studio (LE- MS)
\$200* (8 sessions)	\$116* (8 sessions)
*Make checks payable to: <b>Jason Verkaart</b>	*Make checks payable to: Sandra Guerard
Acknowledgment of Risk a	nd Liability Release Agreement
the u	undersigned as parent(s) or guardian(s) of
, a mir	nor, do hereby:
Allow the minor to pursue these activities with full knowledge of the possib	le risk to the minor
of my child, including the handling of any and all medical affairs for the	nsureds, and employees to take action as it deems necessary for the safety and welfar child, on my behalf and in my absence, should any medical situation occur when I am essary prior to any treatment being rendered for my minor child. I further acknowledge
3. The undersigned, on my own behalf and on behalf of the child, hereby reledurectors, agents, insureds, and employees from any liability, claims, deconnected with, directly or indirectly, any loss, damage, or injury, including way growing out of the acts or omissions of Montessori of Maui, Inc., its	eases, acquits, discharges, and holds harmless the Montessori of Maui, Inc., its office enials, actions, cause of action and expenses whatsoever, arising out of, related to or ling death, to the child, and with regard to the treatment thereof, as a result of or in an action of officers, directors, agents, insureds and employees. This release is to be as broad
and inclusive as permitted by the State of Hawaii. I acknowledge that I	nave read and understand this document.
ature of Parent or Guardian	Print Name Clearly Date
DENT'S NAME (PLEASE PRINT)	

## Please Note:

Student's Age

Parent Email

1. Classes are based on a minimum enrollment of children to be determined by the instructor.

Home Phone

2. Children not picked up at the end of the studio session will be sent to the Extended Day Program with an additional charge of \$5/hour, unless the child is already enrolled in Extended Day on a monthly basis.

Contact Cell Phone

- 3. Please send a nutritious snack for your child to enjoy.
- 4. Non-Montessori students may participate in studios with permission from the instructor; special waivers will need to be completed.