

# SUMMER RUFFING IT 2010 FORMS

## FORMS TO RETURN

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- EXTENDED CARE AND AHA! (IF NEEDED)

SUMMER RUFFING IT 2010  
RUFFING MONTESSORI SCHOOL  
3380 FAIRMOUNT BOULEVARD  
CLEVELAND HEIGHTS OH 44118

[www.ruffingmontessori.net/sri](http://www.ruffingmontessori.net/sri)

# 2010 CONTACT INFORMATION & RELEASE FORMS

Check which program(s) and weeks your child will attend.

Balance Due Monday, May 17.

A SUMMER TO GROW ON  
AGES 3-6 9AM- 1:00PM  
\$875

CREATIVE ARTS & SCIENCES  
GRADES 1-5 9AM- 3:00PM  
 6 WEEKS  JU21-JY9  JY12-30  
\$1200 (6 WEEKS) \$700 (3 WEEKS)

EXTREME! SRI  
GRADES 6-8 9AM- 3:00PM  
 6 WEEKS  JU21-JY9  JY12-30  
\$1475(6 WEEKS) \$850(3 WEEKS)

AHA! 3:15-4:15PM  
 EXTENDED CARE  
(BILLED LATER).

Child's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Nickname \_\_\_\_\_ Entering Grade \_\_\_\_\_

School Attending \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Work Phone Mom \_\_\_\_\_

City/Zip \_\_\_\_\_ Work Phone Dad \_\_\_\_\_

Cell/Pager /Dad \_\_\_\_\_ Cell/Pager /Mom \_\_\_\_\_

E-mail \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
Child S M L Adult S M L XL XXL

## FIELD TRIP PERMISSION

I hereby grant permission for my child to participate in nature walks and other similar nearby excursions (e.g., library) as part of the Summer Ruffing It program. I understand that appropriate notice will be provided in advance of any field trip requiring transportation. I understand my child may engage in all activities encountered during field trips except as stated below:

\_\_\_\_\_

For and on behalf of myself and the child named, I hereby release Ruffing Montessori School, Fairmount Montessori Association, its trustees, officers, teachers, employees, agents and representatives of and from any and all claims, causes of actions, demands, liabilities, damages and responsibilities arising out of, relating to, or in any manner connected with school sponsored field trips or any occurrences, accidents, or omissions of any and all types during such trips from their commencement through their termination.

## PICK UP/ RELEASE INFORMATION

The following people are allowed to pick up my child(ren) from the summer program:

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

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

My child  may walk home  may ride a bike home

## PHOTO AUTHORIZATION

I hereby authorize Ruffing Montessori School, its agents and employees to use the photographic image or likeness of the enrolled child for use and benefit of Ruffing Montessori School  on its website for internal use only;  on its website and in its media publications, newsletter, marketing and professional materials. *No last names will be used.*

I do not authorize any use of photos of my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Ruffing Montessori School/ Summer Ruffing It EMERGENCY & INFORMATION FORM 2010

3380 Fairmount Boulevard, Cleveland Heights OH 44118 216 932 7866

An Emergency & Information form must be completed for each child entering Summer Ruffing It and submitted no later than May 17, 2010.

Student \_\_\_\_\_  
Last Name First Middle Which Program

Address \_\_\_\_\_  
Street and Number City/State Zip

Home Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

PARENTS/ GUARDIANS: EACH TO BE LISTED SEPARATELY.

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

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Office Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Beeper \_\_\_\_\_ Other \_\_\_\_\_

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

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Office Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Beeper \_\_\_\_\_ Other \_\_\_\_\_

IN THE EVENT GUARDIANS CANNOT BE REACHED:

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Should none of the above contacts be available, I hereby authorize the administration of any treatment deemed necessary by the following:

Preferred Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

In the event of a of a life-threatening emergency or unavailability of preferred doctors, I authorize another licensed physician or dentist and/or the transfer of my child to the following hospital or any hospital reasonably accessible:

Preferred Hospital \_\_\_\_\_

This authorization does not cover major surgery unless the medical opinion of two licensed physicians or dentists, concurring the necessity for such surgery, are obtained prior to the performance of surgery. All doctors should be alerted to the information on this form concerning my child's medical history (allergies, medications, physical impairments, etc.)

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Please print name: \_\_\_\_\_

**REFUSAL OF CONSENT/ MEDICAL TREATMENT**

I DO NOT GIVE CONSENT FOR EMERGENCY MEDICAL TREATMENT OF MY CHILD. IN THE EVENT OF ILLNESS OR INJURY REQUIRING TREATMENT, I WISH THE SUMMER PROGRAM TO TAKE NO ACTION OR TO:

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Date

Parent/Guardian Signature

**MEDICAL INFORMATION**

It is the sole responsibility of the Parent/Guardian to provide accurate medical information and updates in writing. PLEASE PROVIDE CLEAR AND LEGIBLE INFORMATION concerning the following, if applicable: Health, allergies, medication.

**MEDICAL INSURANCE CARD INFORMATION**

Name of Insurer: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Medical ID # \_\_\_\_\_

# SERIOUS ALLERGY MANAGEMENT CARE PLAN

STUDENT NAME \_\_\_\_\_ D.O.B: \_\_\_\_\_ PROGRAM \_\_\_\_\_

Approximate Weight \_\_\_\_\_

Child's Mother: \_\_\_\_\_

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

Priority Call Order: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Priority Call Order: \_\_\_\_\_

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

Priority Call Order: \_\_\_\_\_

Child's Father: \_\_\_\_\_

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

Priority Call Order: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Priority Call Order: \_\_\_\_\_

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

Priority Call Order: \_\_\_\_\_

**\*\*\*In the event of an allergic reaction 911 will be called immediately and then parents will be notified, please circle the phone number that should be tried first for each parent.**

The student listed above has a potentially life-threatening reaction/allergy to: \_\_\_\_\_

- Benadryl should be administered FIRST:**  
Administer Benadryl: \_\_\_\_\_ (dosage) by mouth if the symptoms listed at right are present (check all that apply):
- Epi-pen should be administered after Benadryl:**  
**Administer Epi-pen if ingestion or contact with the allergen occurs but NO SYMPTOMS are present**
- Epi-pen should be administered FIRST:**  
**Administer Epi-pen if ingestion or contact with the allergen occurs AND the symptoms listed at right are present (check all that apply):**
- Administer Epi-pen if ingestion or contact with the allergen occurs but NO SYMPTOMS are present**

- \_\_\_ Itching or tightness of mouth or throat
- \_\_\_ Swelling of the lips, mouth, tongue
- \_\_\_ Hives
- \_\_\_ Sudden onset of persistent cough
- \_\_\_ Sudden onset of wheezing
- \_\_\_ Shortness of breath or breathing difficulty
- \_\_\_ Fainting or feeling like "passing out"

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# SRI 2010 CLASS CHOICE/ EXTENDED CARE/ AHA! FORM

**CHECK WHICH SESSION(S):**

SESSION 1  SESSION 2

**CHECK WHICH PROGRAM:**

STGO Ages 3-6  CAS Grades 1-5  EXTREME! Grades 6-8

Student's Name \_\_\_\_\_

Name of friend to be placed with when possible \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

### GRADES 1-3

You will have 4 classes on your schedule:  
9,10,11am & 1:30 pm

MORNING: Select 5 in order of preference.

- Clay!Clay!Yea!
- Guitar: Beginner
- In & Outdoor Sports
- Kitchen Studio/Fun with Food!
- Knit!Crochet!Felt!
- Nature Explorers & Bug Builders
- Puppets!
- Skills for All
- Ukeleles
- Video Stories
- Why Knot?

AFTERNOON: Select 3 in order of preference.

- Fabric Arts Workshop
- Gardening Arts
- Jugband Jamboree
- MiniMusical
- Nature and Art
- Soccer, Baseball, Basketball

### GRADES 4-5

You will have 4 classes on your schedule:  
9,10,11am & 1:30 pm

MORNING: Select 5 in order of preference.

- Creative Story Writing/ Poetry
- Exploring Alternatives
- Forms in Clay
- Hang out with Marionettes
- In & Outdoor Sports
- Kitchen Studio/Fun with Food!
- Lab Science
- Make and Play Dulcimers
- Skills for All
- Ukeleles
- Video Stories
- Why Knot?

AFTERNOON: Select 3 in order of preference

- Fabric Arts Workshop
- Gardening Arts
- Greening the News
- MiniMusical
- Sculpting in Clay
- Soccer, Baseball, Basketball
- StrawHat Theatre
- Tae Kwon Do

### GRADES 6-8

3 hour morning classes have been set. You will select an afternoon class.

MORNING: 9AM-12N

- 1) JU 21-25 Improv: Lights Up!
- 2) JU 28-JY2 Urban:Green Projects
- 3) JY 6-9 Energy/Small Farm/Camp Out
- 4) JY 12-16 ReArt: Metalsmithing
- 5) JY 19-23 Digital Green Community
- 6) JY 26-30 Final Project /Cedar Point

AFTERNOON: Select 4 in order of preference

- Continental Tastes
- Creative Story Writing/ Poetry
- Fabric Arts Workshop
- Greening the News
- Sculpting in Clay
- Soccer, Baseball, Basketball
- StrawHat Theatre
- Summer Rockin' It
- Tae Kwon Do
- Video Pen Pals

## EXTENDED CARE 7:30-9AM & 1-6PM ALL AGES

Please check your selections. You will be billed later.

EXTENDED CARE All Ages No Camp July 5 and no After Care July 30	Before Care: every day____ other____ After Care: every day____ other____ As Needed: will schedule later _____	\$8 hr / 1 hr minimum/ billed in half hours after the first hour. Sib discounts apply. Statements mailed Monday following week of care.
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## AHA! AFTER HOURS ACTIVITIES 3:15-4:15 AGES 5-14 (full time After Care select one free)

<input type="checkbox"/> Basketball Mondays Grades 4-8	June 21, 28; (No Camp July 5) July 12, 19, 26	\$50
<input type="checkbox"/> Guitar Ensemble Grades 5-8	Monday, Wednesdays and Fridays No classes: Monday July 5 and Friday July 30	\$160
<input type="checkbox"/> RockWall Tuesdays <input type="checkbox"/> RockWall Thursdays	Grades 1-5 Tuesdays June 22, 29; July 6, 13, 20, 27 Grades 6-8 Thursdays June 24; July 1, 8, 15, 21, 28	\$60 \$60
<input type="checkbox"/> Tae Kwon DO Ages 5-8	Monday through Friday (no class: July 5 & 30)	\$280
<input type="checkbox"/> Tap Into Creativity Grades 6-8	Wednesdays June 23, 30; July 7, 14, 21, 28	\$60
<input type="checkbox"/> Toys into Art Grades 1-3	Thursdays June 24; July 1, 8, 15, 21, 28	\$60
<input type="checkbox"/> Yoga Ages 5-14	Wednesdays June 23, 30; July 7, 14, 21, 28	\$60