

SUMMER RUFFING IT 2009 FORMS

FORMS TO BE RETURNED

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- EMERGENCY & INFORMATION FORM
- SERIOUS ALLERGY MANAGEMENT PLAN (IF NEEDED)
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 - EXTENDED CARE AND AHA! (OPTIONAL)

SUMMER RUFFING IT 2009
RUFFING MONTESSORI SCHOOL
3380 FAIRMOUNT BOULEVARD
CLEVELAND HEIGHTS OH 44118

WWW.RUFFINGMONTESSORI.NET

09 CONTACT INFORMATION & RELEASE FORMS

Check which program(s) your child will attend.

Balance Due May 15.

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

*****CREATIVE ARTS & SCIENCES
GRADES 1-6 9AM- 3:00PM
\$1200

****GXTREME! SRI
GRADES 7-8 9AM- 3:00PM
\$1300 *****

*****AHA! 3:15-4:15PM
*****EXTENDED CARE

Child's Name _____ M _____ F _____ Birthdate _____

Child's Nickname _____ Entering Grade _____

School Attending _____

Parents' Names _____ 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 and in its media publications, newsletter, marketing and professional materials. No last names will be used.

I do not authorize use of photos of my child.

Signature _____ Date _____

Ruffing Montessori School/ Summer Ruffing It EMERGENCY & INFORMATION FORM 2009

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 15, 2009. Please provide a copy of your family's health insurance card.

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: _____

FORM CONTINUED ON NEXT PAGE

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:

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 # _____ Gr 'Date _____

SERIOUS ALLERGY MANAGEMENT CARE PLAN

STUDENT NAME/GRADE: _____ D.O.B: _____

Child's Mother: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Child's Father: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

*****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: ___yes ___no
Administer Benadryl: _____(dosage) by mouth if the following symptoms are present:

AND/OR (circle one)
Administer Epi-pen if ingestion or contact with the allergen occurs if the following 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"

AND/OR (circle one)
Administer Epi-pen if ingestion or contact with the allergen occurs but NO SYMPTOMS are present

Additional comments: _____

Signature of parent/guardian: _____ Date: _____

SRI 2009 CLASS CHOICE/ EXTENDED CARE/ AHA! FORM

Student's Name _____

Name of friend to be placed with _____

Parent's Name _____

Home Phone _____

GRADES 1-3

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

MORNING: Select 6 in order of preference.

- _____ Animals and Man-imals
- _____ Clay!Clay!Yea!
- _____ Guitar: Beginner
- _____ In & Outdoor Sports
- _____ Kitchen Studio/Fun with Food!
- _____ Nature Explorers & Bug Builders
- _____ Release
- _____ Skills for All
- _____ Stop Motion Animation
- _____ Story Telling with Puppets
- _____ Young Poets

AFTERNOON: Select 3 in order of preference.

- _____ Grandsire Graybeard
- _____ Jugband Jamboree
- _____ The MiniMusical
- _____ Mystery Kitchen and Culture Class
- _____ Playwrights
- _____ Soccer, Baseball, Basketball

GRADES 4-6

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

MORNING: Select 6 in order of preference.

- _____ Animals and Man-imals
- _____ Exploring Alternatives
- _____ Forms in Clay
- _____ Greening the News
- _____ Improv
- _____ In & Outdoor Sports
- _____ It's My Poetry Book!
- _____ Kitchen Studio/Fun with Food!
- _____ Lab Science (Gr 5-6)
- _____ Make and Play Dulcimers
- _____ Puppets: The Big and Small of It! (Gr 6)
- _____ Skills for All
- _____ Release
- _____ Video Stories

AFTERNOON: Select 4 in order of preference

- _____ Art of Video Pen Pals/ Production (Gr 6)
- _____ Grandsire Graybeard
- _____ Greening the News
- _____ I Love A Parade
- _____ Just Off Broadway
- _____ Mystery Kitchen & Culture Class (Gr 4)
- _____ Playwrights
- _____ Soccer, Baseball, Basketball
- _____ StrawHat Theatre (Gr 5-6)

GRADES 7-8

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

* _____ RuffDance Film Festival Track 1
takes one extra morning class (choose two)

MORNING: Select 6 in order of preference.

- _____ Climbing Wall
- _____ Exploring Alternatives
- _____ Greening the News
- _____ Improv
- _____ In & Outdoor Sports
- _____ Lab Science
- _____ Middle School Munchies
- _____ Puppets: Big and Small of It
- _____ Room of Your Own
- _____ Sculpting in Clay
- _____ The Journey Into the Unknown

AFTERNOON: Select 4 in order of preference

- _____ Art of Video Pen Pals and Production
- _____ Grandsire Graybeard
- _____ Greening the News
- _____ Just Off Broadway
- _____ I Love A Parade
- _____ Playwrights
- _____ Soccer, Baseball, Basketball
- _____ StrawHat Theatre

EXTENDED CARE 7:30-9AM & 1-6PM (ALL CAMPER)		
Please check your selections. You will be billed later.		
EXTENDED CARE All Campers 7:30- 9am; 1-6pm	<input type="checkbox"/> Before Care every day/ or other _____ <input type="checkbox"/> After Care every day/ or other _____ <input type="checkbox"/> As Needed - (will schedule later)	\$8 hr / 1 hr minimum/ billed in half hours after the first hour. Statements mailed Monday following week of care.
AHA! GRADES 1-8	TIMES/DATES/GRADES	FEES
Art Studio	<input type="checkbox"/> Session 1: Grades 1-8 Mon- Thurs June 22 - July 9 <input type="checkbox"/> Session 2: Grades 1-8 Mon- Thurs June 13 - July 30	\$140.00 \$140.00
Basketball Tuesdays	<input type="checkbox"/> Grades 4-8 Tuesdays June 23, 30 July 7, 14, 21, 28	\$60.00
Climbing Wall Mondays	<input type="checkbox"/> Grades 1-3 Mondays June 22, 29 July 6, 13, 20, 27	\$60.00
Climbing Wall Wedensdays	<input type="checkbox"/> Grades 4-6 Wednesdays June 24, July 1, 8, 15, 22, 29	\$60.00
Progress with Chess	<input type="checkbox"/> Session 1: Grades 1-8 Mon- Thurs June 22 - July 9 <input type="checkbox"/> Session 2: Grades 1-8 Mon- Thurs July 13 - July 30	\$140.00 \$140.00
Tether Ball, Croquet and Flying Disk Thursdays	<input type="checkbox"/> Grades 1-3 Thursdays June 25, July 2, 9, 16, 23, 30	\$60.00