

# 2025 Summer Specials

OPERATED BY REBECCA MCCLENNING

Available for students entering 1st - 8th grades  
in the upcoming school year

Registration Due by:  
**5/19/2025**

## Student Information

\_\_\_\_\_  
Last Name First Name Middle

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

MALE

FEMALE

\_\_\_\_\_  
Enrolled where for 2025-26 school year?

\_\_\_\_\_  
Entering what grade?

## Family Information

\_\_\_\_\_  
Parent/Guardian (1)  
(relationship to student)

\_\_\_\_\_  
Parent/Guardian (2)  
(relationship to student)

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Email Cell Phone #

\_\_\_\_\_  
Email Cell Phone #

\_\_\_\_\_  
Employer Occupation

\_\_\_\_\_  
Employer Occupation

(Check All Applicable)

Parents:  Married  Separated  Divorced  Mother/Father Deceased  Remarried  Single Parent  Co-Parents

\_\_\_\_\_  
Who has legal custody?

\_\_\_\_\_  
Step-Parent Name(s)

## Important Information

Emergency Contact (other than parent/guardian):

\_\_\_\_\_  
Last Name First Name Cell Phone # (relationship to student)

Adults approved for Pick-Up (other than parent/guardian):

\_\_\_\_\_  
Last Name First Name Cell Phone # (relationship to student)

\_\_\_\_\_  
Last Name First Name Cell Phone # (relationship to student)

Please list ANY & ALL allergies, medical conditions, prohibited foods, etc:

\_\_\_\_\_

\_\_\_\_\_

# 2025 Summer Specials

OPERATED BY REBECCA MCCLENNING

Available for students entering 1st - 8th grades  
in the upcoming school year

Registration Due by:  
**5/19/2025**

## Permission and Acknowledgement

- I give my child permission to be photographed, videotaped, and/or filmed for program publicity purposes.  YES  NO
- I give my child permission to be given emergency first-aid treatment in case of an accident.  YES  NO
- I give my permission for my child to be taken to the hospital in case of emergency.  YES  NO
- I give permission for my child to self administer prescribed medication. "Self-administration" refers to a student's discretionary use of his/her prescribed medication while at school.  YES  NO
- I understand that this program is operated by Rebecca McClenning and that MONTESSORI SCHOOL OF LEMONT will not exercise any physical or other control over the operations and is not providing any supervision.  YES  NO
- I understand that MONTESSORI SCHOOL OF LEMONT buildings are nut-free facilities and that peanuts and tree nuts are prohibited on campus.  YES  NO

## Course Selection:

Please check the weeks that you would like your child to attend. See attached form for course descriptions.

CHECK  
HERE:

COST:

	WEEK 1 - "Life on the Farm" Mon-Thur 6/9-6/12	<b>CLASS IS FULL</b>
	WEEK 2 - "Arts and Crafts and The Montessori Mosaic Project" Mon-Thur 6/16-6/19	\$180
	WEEK 3 - "All Fun and Games" Mon-Thur 6/23-6/26	\$180
	WEEK 4 - "Backyard Biology" Mon-Thur 6/30-7/3	\$180
	WEEK 5 - "Puppetry" Mon-Thur 7/7-7/10	\$180
	WEEK 6 - "Discovery in Architecture" Mon-Thur 7/14-7/17	\$180
	WEEK 7 - "Exploration of Art through History" Mon-Thur 7/21-7/24	\$180
	WEEK 8 - "Farmessori" Mon-Thur 7/28-7/31	\$180

No refunds or discounts will be given for student absences. Registration is on first come, first served basis.

Fees will be refunded if minimum enrollment requirements are not met and/or if classes are full.

Payment is due in FULL with registration paperwork.

Cash or Check payable to:  
**Rebecca McClenning**

TOTAL DUE: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

-FOR OFFICE USE-

Date Received: \_\_\_\_\_

Payment made via: \_\_\_\_\_

Staff Initials: \_\_\_\_\_