

## 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 _____ Street Address _____ City/State/Zip _____ Email _____ Cell Phone # _____ Employer _____ Occupation _____	Last Name _____ First Name _____ Street Address _____ City/State/Zip _____ Email _____ Cell Phone # _____ 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:**

\_\_\_\_\_

\_\_\_\_\_

# 2026 Summer Specials

OPERATED BY REBECCA MCCLENNING

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

**Registration Due by:  
5/18/2026**

## 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:
<input type="checkbox"/>	WEEK 1 - "Life on the Farm" Mon-Thur 6/8-6/11	\$180
<input type="checkbox"/>	WEEK 2 - "Exploration of Art through History" Mon-Thur 6/15-6/18	\$180
<input type="checkbox"/>	WEEK 3 - "All Fun and Games" Mon-Thur 6/22-6/25	\$180
<input type="checkbox"/>	WEEK 4 - "Backyard Biology" Mon-Thur 6/29 -7/2	\$180
<input type="checkbox"/>	WEEK 5 - "Puppetry" Mon-Thur 7/6-7/9	\$180
<input type="checkbox"/>	WEEK 6 - "Discovery in Architecture" Mon-Thur 7/13-7/16	\$180
<input type="checkbox"/>	WEEK 7 - "Summer Theater" Mon-Thur 7/20-7/23	\$180
<input type="checkbox"/>	WEEK 8 - "Farmessori" Mon-Thur 7/27-7/30	\$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: \_\_\_\_\_