

**Mail Registration form to:**  
 Joy of Learning Montessori School's  
 Summer Camps,  
 PO Box 889, Harpers Ferry, WV 25425 .  
 Phone (304) 582-6729

**Registration Information:**

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

Parent: \_\_\_\_\_

Other Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name &  
 Phone: \_\_\_\_\_

Participant Name		Room #	Class Title	

I, \_\_\_\_\_, parent/guardian acknowledge that I have read and fully understand the JLMS summer camp information including registration, check, first come/first serve, confirmation, and our NO REFUND policies.

I, \_\_\_\_\_, parent/guardian realize inherent risks could be involved in these programs. Therefore, I shall not hold the Joy of Learning Montessori School or it's employees liable for any injuries that might occur during these supervised programs.