



West Middlefork Nature Camp

13700 WEST LAUREL DRIVE
LAKE FOREST, IL 60045
TEL 847-918-1000 | FAX 847-918-1304



Registration Form for CURRENT MSLF STUDENTS

CHILD'S INFORMATION

Last Name First Name Middle Name

Nickname Date of Birth Gender

Please select t-shirt size:	YOUTH:	XS (4)	S (6-8)	M (10-12)	L (14-16)	XL (18-20)
	ADULT:	S	M	L	XL	

SESSION REGISTRATION

Deposit = \$0 (waived for current MSLF students)

CHOOSE NUMBER OF SESSIONS:	CHOOSE SESSIONS:
<input type="checkbox"/> 1 Session - 8:30am-3:00pm - \$800	<input type="checkbox"/> Session 1 - June 17 - June 28, 2019
<input type="checkbox"/> 2 Sessions - 8:30am-3:00pm - \$1500 (save \$100!)	<input type="checkbox"/> Session 2 - July 1 - July 12, 2019
<input type="checkbox"/> 3 Sessions - 8:30am-3:00pm - \$2200 (save \$200!)	<input type="checkbox"/> Session 3 - July 15 - July 26, 2019
<input type="checkbox"/> 4 Sessions - 8:30am-3:00pm - \$2900 (save \$300!)	<input type="checkbox"/> Session 4 - July 29 - August 9, 2019

- Breakfast & Afternoon Club**
- Breakfast Club - 7:30am-8:30am**
\$75 per session
 - Afternoon Club - 3:00pm-6:00pm**
\$140 per session

Montessori School of Lake Forest does not discriminate against students, applicants for admission, faculty, other employees, or parents on the basis of race, color, national or ethnic origin, sex, gender, sexual orientation, religion, creed, age, disability, or any other characteristic. Openings are filled according to the date the completed application is received.

FAMILY INFORMATION

Parent/Guardian 1

Parent/Guardian 2

Salutation First Name Last Name

Salutation First Name Last Name

Address

Address

City State Zip

City State Zip

Home Phone Cell Phone

Home Phone Cell Phone

Email Address

Email Address

Business Phone

Business Phone

Please check all
that apply:

Parents are: Married Separated Divorced Single Parent

If parents are divorced, who has legal custody?

SIBLINGS

First Name Last Name Date of Birth MSLF Student or Alumnus Yes No

First Name Last Name Date of Birth MSLF Student or Alumnus Yes No

HEALTH INFORMATION

Pediatrician's Name

Pediatrician's Telephone

Please list any dietary restrictions, allergies, medical condition(s):

Signatures

Parent Signature

Date

Parent Signature

Date

Please return this completed application via email to summer@mslf.org
or to the Front Desk at the Laurel Drive Campus.