



**MONTESSORI CENTRE  
OF BARRINGTON, INC.**

303 Sowams Road • Barrington, RI 02806 • Tel (401) 245-4754 • Fax (401) 289-2155

**OLIMPIC ATHLETES  
SUMMER CAMP**



CHILD

\_\_\_\_\_

First

Middle

Last

Male

Female

\_\_\_\_\_

Birthdate

\_\_\_\_\_

Age (years, months)

PARENT

PARENT

\_\_\_\_\_

Parent's name

\_\_\_\_\_

Parent's name

\_\_\_\_\_

Home address

\_\_\_\_\_

Home address

\_\_\_\_\_

Home/cell phone

\_\_\_\_\_

Home/cell phone

\_\_\_\_\_

Business name

\_\_\_\_\_

Business name

\_\_\_\_\_

Business address

\_\_\_\_\_

Business address

\_\_\_\_\_

Business phone

\_\_\_\_\_

Business phone

\_\_\_\_\_

E-mail address

\_\_\_\_\_

E-mail address

Does your child have any physical or emotional difficulties? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe your child's personality \_\_\_\_\_

