## Felicita Montessori School

Lifelong Friends, Inc.

## **SUMMER CAMP 2017 SUMMER ONLY REGISTRATION**

(ages 2-9) June 19- August 18

## June 17- August 10

## OUR SUMMER PROGRAM IS SCHEDULED ON A WEEKLY BASIS. PLEASE READ THE SCHEDULE OF SUMMER RATES FOR TUITION FEES AND BILLING SCHEDULE.

Child's Name:					
(last)	(first)		(middle)		(nickname)
Address:					
(number and street Home Phone: ()	t)		(city) F Age:	_ Birth date:	(zip code)
Father's Name Business Phone ()			Home Phone ( Cell Phone (	)	
Mother's Name Business Phone ()			Home Phone ( Cell Phone (	)	
Email Address:					
Please indicate your preferred su	ımmer schedule belo	w:			
MY CHILD <u>WILL BE ATTEND</u> SESSION 1 (billed June 1 <sup>st</sup> along	M-W-F) *other T-TH) *other other days are subject	– to avail HOOL I	3 days per 2 days per ability and approva	week r week ( not week (M-W-F week (T-TH) al) EEKS INDIC	*other *other *ATED (X) BELOW:
only" students): JUNE 19 <sup>th</sup> – JUNE 23 <sup>rd</sup> ************************************		JUNE 2	26 <sup>th</sup> – JUNE 30 <sup>th</sup>		_
SESSION 2 (billed July 5 <sup>th</sup> ): JULY 5 <sup>th</sup> – JULY 7 <sup>th</sup>	************		10 <sup>th</sup> – JULY 14 <sup>th</sup>		*******
JULY 17 <sup>th</sup> – JULY 21 <sup>st</sup>					· * * * * * * * * * * * * * * * * * * *
SESSION 3 (billed July 31st): JULY 31st – AUGUST 4th			ST 7 <sup>th</sup> – AUGUS		
AUGUST 14 <sup>th</sup> – AUGUST 18 <sup>th</sup>		OL CL	OSED: July 3 <sup>rd</sup> -	- 4 <sup>th</sup> and A	august 21st – Sept. 4th
I have enclosed a registration fee of cancel his/her enrollment. I unders have enrolled my child in the summer.	tand that I am respons	sible for j	payment of all tuition	on fees relating	g to the schedule for which I
Father's signature	date	Mothe	r's signature		date