

# Felicita Montessori School

Lifelong Friends, Inc.

## SUMMER CAMP 2023 REGISTRATION

(ages 2-7)

June 19 - August 18

**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) (city) (zip code)

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

### **Please indicate your preferred summer schedule below:**

#### **Full Day (8:30 to 3:00)**

\_\_\_\_\_ 5 days per week  
\_\_\_\_\_ 4 days per week (not \_\_\_\_\_)  
\_\_\_\_\_ 3 days per week (M-W-F) \*other \_\_\_\_\_  
\_\_\_\_\_ 2 days per week (T-TH) \*other \_\_\_\_\_

#### **Half Day (8:30 to 12:00)**

\_\_\_\_\_ 5 days per week  
\_\_\_\_\_ 4 days per week (not \_\_\_\_\_)  
\_\_\_\_\_ 3 days per week (M-W-F) \*other \_\_\_\_\_  
\_\_\_\_\_ 2 days per week (T-TH) \*other \_\_\_\_\_

(\*other days are subject to availability and approval)

### **MY CHILD WILL BE ATTENDING SUMMER SCHOOL DURING THE WEEKS INDICATED (X) BELOW:**

**SESSION 1 (billed June 1<sup>st</sup> along with the last two weeks of the academic year; or on June 19<sup>th</sup> for "summer camp only" students):**

JUNE 19<sup>th</sup> – JUNE 23<sup>rd</sup> \_\_\_\_\_ JUNE 26<sup>th</sup> – JUNE 30<sup>TH</sup> \_\_\_\_\_

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**SESSION 2 (billed July 1<sup>st</sup>)**

JULY 5<sup>th</sup> – JULY 7<sup>th</sup> \_\_\_\_\_ JULY 10<sup>th</sup> – JULY 14<sup>th</sup> \_\_\_\_\_

JULY 17<sup>th</sup> – JULY 21<sup>st</sup> \_\_\_\_\_ JULY 24<sup>th</sup> – JULY 28<sup>th</sup> \_\_\_\_\_

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**SESSION 3 (billed July 31<sup>st</sup>):**

JULY 31<sup>st</sup> – AUGUST 4<sup>th</sup> \_\_\_\_\_ AUGUST 7<sup>th</sup> – AUGUST 11<sup>th</sup> \_\_\_\_\_

AUGUST 14<sup>th</sup> – AUGUST 18<sup>th</sup> \_\_\_\_\_

**SCHOOL CLOSED: July 3<sup>rd</sup> - 4<sup>th</sup> and August 19<sup>th</sup> - September 1<sup>st</sup> and Labor Day (Sept. 4<sup>th</sup>)**

**I understand that I am responsible for payment of all tuition fees relating to the schedule for which I have enrolled my child in the summer session (above) regardless of absence, illness, short-term emergency closure, or change of plans.**

\_\_\_\_\_  
Father's signature date

\_\_\_\_\_  
Mother's signature date