

Felicita Montessori School

Lifelong Friends, Inc.

SUMMER CAMP 2017 REGISTRATION

(ages 2-9)

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 1st along with the last two weeks of the academic year; or on June 19th for "summer camp only" students):

JUNE 19th – JUNE 23rd _____ JUNE 26th – JUNE 30th _____

SESSION 2 (billed July 5th):

JULY 5th – JULY 7th _____ JULY 10th – JULY 14th _____

JULY 17th – JULY 21st _____ JULY 24th – JULY 28th _____

SESSION 3 (billed July 31st):

JULY 31st – AUGUST 4th _____ AUGUST 7th – AUGUST 11th _____

AUGUST 14th – AUGUST 18th _____

SCHOOL CLOSED: July 3rd - 4th and August 21st – Sept. 4th .

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, or change of plans.

Father's signature date

Mother's signature date