

Felicita Montessori School

Lifelong Friends, Inc.

SUMMER CAMP 2019 REGISTRATION

(ages 2-9)

June 17- August 16

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 17th for "summer camp only" students):

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

SESSION 2 (billed July 1st):

JULY 1st – JULY 3rd *short week _____ JULY 8th – JULY 12th _____

JULY 15th – JULY 19th _____ JULY 22nd – JULY 26th _____

SESSION 3 (billed July 29th):

JULY 29th – AUGUST 2nd _____ AUGUST 5th – AUGUST 9th _____

AUGUST 12th – AUGUST 16th _____

SCHOOL CLOSED: July 4th-5th and August 17th – Sept. 2nd.

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