

Registration form for Summer Programs 2019

Child's name:		
Address:		
Parent/guardian name (s):		
Email:		
Contact phone:	cell phone	☐ home phone ☐
Session(s) selected:	Program selected (please check appropriate box):	
	Morning session	Full Day session
Week 1 June 24 - June 28	8:30am to 11:30am	8:30am to 2:30pm
Week 2 July 8 - July 12	8:30am to 11:30am	8:30am to 2:30pm
Week 3 July 15 - July 19	8:30am to 11:30am	8:30am to 2:30pm
Week 4 July 22 - July 26 CANCELLEDII	8:30am to 11:30am	8:30am to 2:30pm
Week 5 July 29 - August 2	8:30am to 11:30am	8:30am to 2:30pm
Week 6 August 5 - August 9	8:30am to 11:30am	8:30am to 2:30pm
A non-refundable deposit of \$100 per week se	elected must accompany this re	egistration form.
Upon registration, additional paperwork and a	a confirmation of the selected v	week(s) will be sent to you.
Final payment on balance is due no later than	Friday, June 14, 2019.	
Invoices will be sent approximately 2 weeks be	efore the due date.	
Please call the office at 508.541.8010 to inqu	ire about late registrations.	
Please mail completed form and deposit to:	Sunrise Montessori School Attn: Summer Programs	

Franklin, MA 0038