

Felicita Montessori School

Lifelong Friends, Inc.

SUMMER CAMP 2020 **Summer-Only Registration**

(ages 2-9)

June 15- August 14

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: _____

Parents' Names: _____

Phone (_____) _____ Email Address: _____

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

SESSION 2 (billed June 29th):

JUNE 29th – JULY 2nd (closed Fri.) _____ JULY 6th – JULY 10th _____

JULY 13th – JULY 17th _____ JULY 20th – JULY 24th _____

SESSION 3 (billed July 27th):

JULY 27th – JULY 31st _____ AUGUST 3rd – AUGUST 7th _____

AUGUST 10th – AUGUST 14th _____

SCHOOL CLOSED: July 3rd and August 15th – 31st.

I have enclosed a registration fee of \$100.00, which I understand will be applied to my child's camp tuition or forfeited should I cancel his/her enrollment. 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