

Registration form for Summer Programs 2019

Child's	name:		
Addres	SS:		·
Parent	/guardian name (s):		
Email:			
Contac	ct 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	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-re	efundable deposit of \$100 per week s e	elected must accompany this r	egistration form.
Upon re	gistration, additional paperwork and a	confirmation of the selected	week(s) will be sent to you.
Final pay	ment on balance is due no later than	Friday, June 14, 2019.	
Invoices	will be sent approximately 2 weeks be	efore the due date.	
Please mail completed form and deposit to:		Sunrise Montessori School Attn: Summer Programs PO Box 515	

Franklin, MA 0038