



Registration form

Please complete this form in full. Additional permission forms will be sent to you upon receipt of your registration and deposit.

Child's name: _____

Address: _____

Parent/guardian name (s): _____

Email: _____

Contact phone: _____ cell phone home phone

Session(s) selected:

Program selected (please check appropriate box):

| | | | |
|--------|-------------------|--|---|
| Week 1 | June 25 - June 29 | 8:30am to 11:30am <input type="checkbox"/> | 8:30am to 2:30pm <input type="checkbox"/> |
| Week 2 | July 9 - July 13 | 8:30am to 11:30am <input type="checkbox"/> | 8:30am to 2:30pm <input type="checkbox"/> |
| Week 3 | July 16 - July 20 | 8:30am to 11:30am <input type="checkbox"/> | 8:30am to 2:30pm <input type="checkbox"/> |
| Week 4 | July 23 - July 27 | 8:30am to 11:30am <input type="checkbox"/> | 8:30am to 2:30pm <input type="checkbox"/> |

A non-refundable deposit of **\$100 per session** must accompany this registration form.

Upon receipt of your completed form and \$100 non-refundable deposit per session, you will receive confirmation via email of the session(s) selected.

The \$100 non-refundable deposit is applied to the cost of the session(s) you choose and will be deducted from the total invoiced.

The full balance for each session is due no later than Monday, June 4, 2018.

Make checks payable to Sunrise Montessori School and mail to:

Sunrise Montessori School, Attn: Summer Programs

PO Box 515

Franklin, MA 02038