

Felicita Montessori School

Lifelong Friends, Inc.

SUMMER CAMP 2021 **Summer-Only Registration** (ages 2-9) June 14- August 13

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 14th for "summer camp only" students):

JUNE 14th – JUNE 18th _____ JUNE 21st – JUNE 25th _____

SESSION 2 (billed June 28th):

JUNE 28th – JULY 2nd _____ *JULY 6th – JULY 9th _____

JULY 12th – JULY 16th _____ JULY 19th – JULY 23rd _____

SESSION 3 (billed July 26th):

JULY 26th – JULY 30th _____ AUGUST 2nd – AUGUST 6th _____

AUGUST 9th – AUGUST 13^h _____

SCHOOL CLOSED: *July 5th and August 14th – 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