

Office use only

Date Received: _____

Amount Received: \$ _____

Staff initials: _____

INFANT ROOM
6 WEEKS – 18 MOS.

TODDLER ROOM
18 MONTHS – 3 YRS.

PRESCHOOL ROOM
AGES 3 - 5



Alfred Montessori School

Alfred Montessori School
2017 Summer Program Enrollment
Registration Deadline: June 16th

Child's Name _____ Date of Birth _____ Age _____

Home Address _____

Primary Phone _____ Additional Phone _____

Parent/Guardian's Name _____

Please make sure your child's Blue Card contains updated emergency contact information

Half Day (8am- 12pm)

Full Day (8am- 5pm)

Weekly Rate \$160.

\$25 per Half day

\$35 per Full day

ALL 5 days (Mon. – Fri.)

PLEASE ✓ TO INDICATE THE DAYS YOUR CHILD WILL ATTEND:

- Week 1 – July 10th – July 14th** Monday Tuesday Wednesday Thursday Friday
- Week 2 - July 17th- July 21st** Monday Tuesday Wednesday Thursday Friday
- Week 3 - July 24th - July 28th** Monday Tuesday Wednesday Thursday Friday
- Week 4 – July 31st-August 4th** Monday Tuesday Wednesday Thursday Friday
- Week 5 - August 7th-August 11th** Monday Tuesday Wednesday Thursday Friday
- Week 6 - August 14th- August 18th** Monday Tuesday Wednesday Thursday Friday
- Week 7 - August 21st- August 25th** Monday Tuesday Wednesday Thursday Friday
- Week 8 – August 28th – August 31st** Monday Tuesday Wednesday Thursday

*** School is CLOSED 9/1 & 9/05 for classroom prep.**

*** 2017-2018 school year begins 9/6/17**

Registration Fees: (Non Refundable)	(Due at registration) \$25 one child, \$45 two children, and \$65 three or more children.
Billing:	Invoices will be billed at the beginning of the months for July and August. Payments will be due by the 15 th of the month. Late pick up fee is \$10 for every 15 minutes past the designated time.
Multiple Children Discount:	If you enroll two children; each child will receive \$10 off per week. Enroll three children; each child will receive \$15 off per week. This is only for a full time/ 5 day schedule.
Schedule Change:	Each time registration changes a \$10 charge will apply. This applies to adding or dropping a day.
Social Security Number(s):	Since summer billing is done monthly, social security numbers are required.

	Father's SSN _____	Mother's SSN _____
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By signing below I acknowledge the conditions of this registration and the fees associated with enrollment in the AMS Summer Program. I also understand that this form, once submitted with payment of a registration fee, my child will then be enrolled in the program. I agree to pay the specified tuition for the weeks of programming I have indicated above. If I withdraw my child from the program I will still be responsible to pay 50% of the remaining tuition.

Parent/Guardian Signature _____

date _____