2018 APPLICATION FOR SUMMER SCHOOL													
CHILDS NAME										M			
DI II D I	First Name				Lá	ast Name	9			S	ех		
Birth Date			Home I	Phone									
Address													
City - Zip													
Parent # 1													
Name Active/ Retired Military													
Cell Number			Email Address										
Parent #2 Name													
Ivanic	Active/ Retired Military Tyes No												
Cell Number			Email Address										
Both Sessions (6/25 – 8/15)			A child must attend										
Session 1 (6/25-7/20)				iia mus imum c	plea	olease <u>CIRCLE</u> below							
Session 2 (7/23-8/15)				the days you child will									
Only d	in a session atten												
I AM EN	D FOR:				SESSION 1								
	MTWTF				JUNE – JULY								
☐ PRIMARY (30 month – 6 years) Full Day – 9:00 am – 3:00 pm			IVI	VV	ı	Г	Mon	Tue	Wed	Thu	Fri		
Half Day Class – 9:00 am – 1:00 pm			Indicate	ull (F), H	alf (H)	ahove	25	26	27	28	29		
Hall Bay Glass 7.00 am 1.00 pm			maicate	2	3	4	5	6					
PRIMARY CHILD CARE SCHEDULE			☐ Morr	ing: 7:00)-9:00	am	9	10	11	12	13		
			☐ Afternoon: 3:00-6:00 pm				16	17	18	19	20		
☐ TODDLER (ages 12-30 months)			M	ΓW	Т	F			SSION				
Class – 9:00 am – 1:00 pm					-	-			- AUG				
			Indicate days above				Mon	Tue	Wed	Thu	Fri		
							23	24	25	26	27		
TODDLER CHILD CARE SCHEDULE			☐ Morning: 7:00-8:45 am				30	31	1	2	3		
			Early Afternoon: 12:45-3:00 pm Late afternoon: 12:45-6:00 pm				6	7	8	9	10		
INFANT (a				F F	13	14	15	16	17				
	FOR OFFICE USE ONLY								LY				
☐ 6 hours or ☐ 10 hours from to			Indicate days above Class										
11 01111		J	-										

I have read and understand the fees and fee schedules as listed in the Summer Enrollment Information

Date

Parent or Guardian signature

Cell N		Email Address							
Both Sess Session 1 Session 2 Only days	A child must attend a minimum of 6 days in a session				If less than a full sess please <u>CIRCLE</u> bel the days you child w attend				
I AM ENRO	OLLING MY CHI	LD FC	R:				SE	SSION	11
	(30 month – 6 years)	MIT		Т	F		JUN	IE – Jl	JLY
Full Day – 9:00	, ,	- IVI I	VV	-	1	Mon 25	Tue	Wed	Thu
Half Day Class – 9:00 am – 1:00 pm		Indicate F	Indicate Full (F), Half (H) above				26		28
	· 					2	3	- 15	5
PRIMARY CHIL	D CARE SCHEDULE	☐ Morn							
		☐ After			00 pm	16	17	25,000	19
	(ages 12-30 months)	M 1	ΓW	T	F	SESSION 2			
Class – 9:00 a	m – 1:00 pm					JULY - AUGU Mon Tue Wed 7		Thu	
		Indicate	days a	bove		Mon 23	24	200000000000000000000000000000000000000	26
TODDLER CHI	LD CARE SCHEDULE	☐ Morn	ina: 7:0	0-8:45	ā am	30 31 1 2			
		☐ Early A							9
		☐ Late a	fternoon:	12:45-6	:00 pm	13	14	4 11 18 ESSION Y - AUG Wed 25 1	16
INFANT (ages		M 1	Γ W	T	F				
☐ 6 hours or 0	J 10 hours						_	ICE US	DE OI
from	to	Indicate	days a	bove		Clas	S		

2018 APPLICATION FOR SUMMER SCHOOL

Home Phone

Last Name

Email Address

M F

Sex

Rev. 2/21/18 Montessori in Motion

CHILDS

NAME

Birth Date

Address

City - Zip

Parent # 1 Name

Cell Number

First Name

Active/ Retired Military ☐ Yes ☐ No