

Bryant Woods Montessori Children's House

Summer Camp Registration 2010

Child's Name: _____ Date of Birth: _____

Home Address: _____

Father's (Guardian's) Name, Address (if different), Home Number, Cell Number:

Mother's (Guardian's) Name, Address (if different), Home Number, Cell Number:

Father E-Mail: _____ Mother E-Mail: _____

Please note any allergies or health concerns your child may have:

Summer Camp Tuition Agreement- 2010

This agreement applies to the three weeks of the summer program. Payment responsibility is based on a weekly fee and payable on the first day of the week. A daily late fee of \$5.00 will be added for late payments. There is no refund, credit or reduction for absences during the enrolled week(s). Parents must inform the school in writing of any schedule changes as soon as possible.

My child will be attending the following week(s) this summer:

Week One (6/21-6/25)

Week Two (6/28-7/2)

Week three (7/5-7/9)

The fee for each week is \$150.00.

My total payment will be: _____

I agree to pay the tuition on the first Monday of each week my child attends summer camp.

Parent Signature: _____

Office use only

() Health Inventory

() Immunization Forms

() Emergency Card

Date Enrolled: _____ Payment Received: _____