



Greenwood Montessori Summer Program 2020

Child's Name _____ Child's Date of Birth _____

Parent Name(s) _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Phone _____

Summer Sessions (✓ all weeks needed)

June	July	August
<input type="checkbox"/> 8-12	<input type="checkbox"/> 13-17	<input type="checkbox"/> 3-7
<input type="checkbox"/> 15-19	<input type="checkbox"/> 20-24	
<input type="checkbox"/> 22-26	<input type="checkbox"/> 27-31	
<input type="checkbox"/> Jun 29- Jul 3		

► Camp will not be in session the weeks of June 1, July 6, or August 10

Program Options (✓ hours and ✓ age group)

	<input type="checkbox"/> Infants	<input type="checkbox"/> Toddlers	<input type="checkbox"/> Early Childhood
<input type="checkbox"/> Half Day 8:00-11:30		\$200/wk \$250 after May 1	\$150/wk \$200 after May 1
<input type="checkbox"/> Full Day 8:00-3:00	\$275/wk \$325 after May 1	\$250/wk \$300 after May 1	\$200/wk \$250 after May 1
<input type="checkbox"/> Extended Care <input type="checkbox"/> A.M. (7:00-8:00) <input type="checkbox"/> P.M. (3:00-6:00)	\$7/ hour		\$6/ hour

► Please return this form with the fee for at least one (1) week. All remaining payments are weekly.

Office Use

Amount Paid: \$ _____ (min. of 1 week fee) Check # _____ Cash

Partial, balance of \$ _____ Paid in Full