



Summer Program Registration Form

Please complete this form in full. Additional permission forms will be sent to you upon receipt of your registration and deposit.

Child's name: _____ Date of Birth _____

Address: _____

Parent/guardian name(s): _____

Email (s): _____

Contact phone(s): _____ cell phone home phone

Session(s) selected (please check appropriate boxes):

- Week 1 June 11- June 15 **only for approved students with prior Montessori experience**
- Week 1 June 18- June 22 **only for approved students with prior Montessori experience**
- Week 2 June 25 - June 29 **only for approved students with prior Montessori experience**
- Week 3 July 9 - July 13 Times for July and August weeks are 8:30-4:30 Friday dismissal 4pm
- Week 4 July 16 - July 20
- Week 5 July 23 - July 27
- Week 6 July 30- August 3
- Week 7 August 13-17
- Week 8 August 20-22 **Pro-rated week.**

Payment:

A non-refundable deposit of \$100 must accompany this registration form.

Upon receipt of your completed form and \$100 non-refundable deposit, you will receive confirmation via email of the session(s) selected.

The \$100 non-refundable deposit is applied to the cost of the session(s) you choose and will be deducted from the total invoiced.

Multiple week discounts apply as following when booked in advance:

\$325/week for two weeks booked

\$300/week for three weeks booked

\$275/week for more than three weeks booked

The total balance is due no later than Monday, June 4, 2018.

Make checks payable to **Sea Rose Montessori School**

Mail to: **PO Box 4421 Middletown, RI 02842** Attn: **Summer Programs**

For children interested without a Montessori background please email

aquidneck.montessori@gmail.com to schedule an observation. Thank you