



**MDS 2011 Summer Program-Primary & Elementary Enrollment Form**

**SESSION I**

*June 6- June 17*

**SESSION III**

*July 5-July 15*

**SESSION II**

*June 20-July 1*

**SESSION IV**

*July 18-July 29*

Program participants may opt for single weeks of any two-week session above.

**SESSION V**

*August 1 - 5: Games Galore!*

**Finish the summer with a week of arts, crafts, and lots of fun games all geared to the Montessori child!**

**PROGRAM FEES**

A non-refundable New Student Registration Fee of \$20 will apply to all enrolling students who are new to MDS and not enrolled for the upcoming academic year. New students must also complete an Emergency Card upon enrolling. **Full payment of the first session selected must accompany this form and is NON-REFUNDABLE.** Payment for subsequent sessions is due the first day of the session.

There are no refunds or credits for missed days due to illness, vacation or change of plans.

*Half Day [Primary only] (9:00 AM - 12:00 PM)  
Full Day (9:00 AM - 3:00 PM)*

*\$210/Two Week Session (\$110 for Session V)  
\$275/Two Week Session (\$145 for Session V)*

*Extended Day (8:00 AM - 4:30 PM)  
All Day (7:00 AM - 6:00 PM)*

*\$300/Two Week Session (\$155 during Session V)  
\$325/Two Week Session (\$175 during Session V)*

*Save \$10 per session when you sign up for two or more sessions!*

**PLUS FREE EXTENDED CARE** THE WEEK OF May 31-June 3 FOR RETURNING FULL-TIME

**EXTENDED CARE STUDENTS WHO SIGN UP FOR SUMMER SESSION I!!!**

*Please indicate which session(s) you wish your child to attend:*

Session I \_\_\_\_ Session II \_\_\_\_ Session III \_\_\_\_ Session IV \_\_\_\_ Session V \_\_\_\_ Drop-off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

Program Select (check one): Half Day (9-12) \_\_\_\_ Full Day (9-3) \_\_\_\_ Extended Day (8-4:30) \_\_\_\_ All Day (7-6) \_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Work Number \_\_\_\_\_ Father's Work Number \_\_\_\_\_

Financially Responsible Party and Social Security # \_\_\_\_\_

Alternate Phone Number including person's name \_\_\_\_\_