

COLUMBIA MONTESSORI SCHOOL SUMMER REGISTRATION

Student's Name: _____ Date of Birth: _____

Home Address: _____

Father's (Guardian's) Name _____ Home Number _____

Employer _____ Cell Number _____

Work Number _____

Mother's (Guardian's) Name _____ Home Number _____

Employer _____ Cell Number _____

Work Number _____

Person responsible for tuition _____ E-Mail address: _____

Emergency Contact _____ Phone# _____

Address _____

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

TUITION AGREEMENT~~Summer

This agreement applies to the twelve weeks of the summer program. Payment responsibility is based on a weekly fee and payable every two or four weeks NOT MONTHLY! Tuition is payable on the child's first day of attendance. A late fee of \$20.00 will be added for late payments. Parent is responsible to pay for the weeks enrolled and is not charged for vacation weeks. There is no refund, credit or reduction for absences during the scheduled enrolled weeks. Parent must inform school in writing of any schedules changes as soon as possible. Please keep tuition current before leaving on vacation.

My child will be attending the following weeks this summer: _____

Please circle days enrolled: Monday Tuesday Wednesday Thursday Friday

Time of arrival: _____ Time of departure: _____

Based on the above schedule, my child's tuition will be: _____

I agree to pay the tuition based on a weekly fee and schedule my child attends. I agree to pay every two or four weeks. (Please circle one)

Parent signature: _____

*A non-refundable registration fee of \$75.00 for New Families or \$50.00 for Current Families is due upon enrollment.

*Tuition is payable on the child's first day of attendance (whether for a two or four week session). A late fee of \$20.00 will be added for late payments.

Office use only

{ } Health Inventory { } Immunization Forms { } Emergency Card { } Registration Fee

Placement: _____ Date enrolled: _____ Date withdrawn: _____