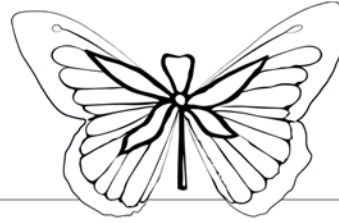


MAIN CAMPUS

(Private: 18 mos. - 4 yrs. ~ Charter: 5 - 12 yrs.)
2834 East Southern Avenue, Mesa, AZ 85204
(480) 926-8375 Fax: (480) 503-0515
montessorictr.org



NORTH CAMPUS

(Private: 2 - 4 yrs. ~ Charter: 5 - 12 yrs.)
815 North Gilbert Road, Mesa, AZ 85203
(480) 964-1381 Fax: (480) 668-5457
montessorictr.org

MONTESSORI SUMMER CAMP ENROLLMENT CONTRACT 2022
MAIN CAMPUS ONLY

Child's Legal Name

- Session I (4 weeks) Tuesday, May 31 – Friday, June 24**
- Session II (4 weeks) Monday, June 27 – Friday, July 22**

(School will NOT be held on Monday, May 30th in observance of Memorial Day
Or on Monday, July 4th in observance of Independence Day)

Tuition for Summer Session I due May 15, 2022

Tuition for Summer Session II due June 22, 2022

(Check box below)

- Toddler Morning Session - \$650.00 (M-F 8:30 – 11:30 A.M.)**
- Toddler Full Day Session - \$800.00 (M-F 8:30 – 3:00 P.M.)**
- Primary/Elementary Morning Session - \$575.00 (M-F 8:30 - 11:30 A.M.)**
- Primary/Elementary Full Day Session - \$675.00 (M-F 8:30 – 3:00 P.M.)**

- We will pro-rate tuition for **entire missed weeks** with fourteen (14) days advance written notice.
- **A non-refundable enrollment fee of \$100.00** will be due for *each child enrolled* when you turn in this contract. (The fee will be waived if your child was enrolled in our toddler or preschool program for the 21-22 school year). **Please run my credit card on file for applicable enrollment fee.**
- Each child is accepted on a provisional basis. If the Director feels we cannot meet the needs of your child, we will unenroll your child.
- I agree to the terms and will abide by the school policies as contained in the parent handbook.

Parent Signature

Date

Parent Signature

Date

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Application for Admission - MAIN CAMPUS ONLY

Child's Legal Name: _____ Birth Date: _____ M F

Child's Current Grade: _____ Current Teacher: _____

Mother's Address: _____ Primary #: _____
Street City Zip

Mother's Email Address: _____ Work #: _____

Father's Address: _____ Primary #: _____
Street City Zip

Father's Email Address: _____ Work #: _____
Single Married Separated Divorced Widowed

Mother's Name (First and Last): _____

Name of Firm: _____ Occupation: _____

Father's Name (First and Last): _____

Name of Firm: _____ Occupation: _____

List other siblings in the family and their ages: _____

Adults authorized to pick up your child:

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

4. Name _____ Phone _____

5. Name _____ Phone _____

Are there special conditions or circumstances involving your child that would be helpful for the staff to know when working with them?

Indicate any significant illness, health conditions, or allergies your child may have.

Does your child take any medication? Yes No What kind? _____

Does your child have any known handicaps? Yes No Describe below: _____

Do you give permission for your child to be photographed and/or recorded for use resulting in photographs/DVD's posted or posted on the school's website? YES NO

Does your child have permission to participate in all field trips? This allows for spontaneous field trips such as nature walks, trips to the local park, etc.? Yes No

We give permission for our child to use all of the playground equipment and to participate in all school activities.

Documents for Enrollment/Admission (if not already on file):

1. Current Immunization Records or waiver
2. Birth Certificate

Before and After School Care:

- Billing will be based on time of arrival/departure, excluding school hours, at \$6 per hour.
- There is a 15-minute grace period to pick up your child when school ends (please refer to your contract for school hours). Afternoon extended care fees begin 1 minute after the 15-minute grace period for your assigned grade level pick up, retroactive to when school is dismissed. Extended care is billed and rounded up in 30-minute increments. Once the time is 5:31 p.m., you will be charged a fee of \$1 per minute per child, retroactive to 5:30 p.m. The fees will be charged automatically to your debit/credit card on file. If your debit/credit card declines for any reason, a fee of \$25 will be billed to your account.
- **Morning extended care hours** are 7:30 a.m. - 8:15 a.m.
- **After extended care hours** are 3:00 p.m. - 5:30 p.m.

Parent Signature _____ Date _____

Parent Signature _____ Date _____