

RENAISSANCE MONTESSORI SCHOOL 2016 SUMMER PROGRAM REGISTRATION

Summer of Fun ~ Ages: 15 months to 6 years
Registration and payment deadline: May 15, 2016
SPACE IS LIMITED

Child's Name _____ New ___ Returning ___ DOB _____

Please indicate your program and session choices below.

	<u>5 Day Program</u>	<u>3 Day Program (T, W, TH)</u>
9:00 am – 12:00	_____ \$ 210 Per Session	_____ \$160 Per Session
9:00 am - 3:00 pm	_____ \$ 260 Per Session	_____ \$ 210 Per Session

Early drop-off 8am to 9am for no additional fee ~ Financial Assistance available for qualified families

**Please Note: Renaissance Montessori School will be closed July 4 to July 8 in honor of Independence Day.*

_____ Session 1	June 13	Under Construction
_____ Session 2	June 20	Fit Kids Cook
_____ Session 3	June 27	Artistic Exploration
_____ Session 4	July 11	Wonders of Nature
_____ Session 5	July 18	Around the World
_____ Session 6	July 25	Montessori Orientation

Total # of Sessions _____ X \$ _____ Per 1 Week Session = \$ _____ Total Due May 15th

SUMMER PROGRAM FEES ARE DUE AND PAYABLE UPON ACCEPTANCE

We accept Cash, Check, Visa, MasterCard and American Express

I agree to pay for the above named children the sum specified for the sessions selected. I understand that all fees are payable as specified and that no child may enter or continue to attend unless all fees are paid. When the registration is accepted by Renaissance School, the school agrees to reserve space for the children for the exact period specified above. I understand that the dates of enrollment specified cannot be altered unless written acceptance is granted by the Program Director. I understand and agree that enrollment is for the entire period specified above and that there will be no refunds or credit of fees. I have carefully read the above conditions of this agreement, and in full understanding, accept them as stated.

Parent/Guardian Names: _____

Parent/Guardian Signature _____ Parent/Guardian Signature _____

Address _____ City _____ State _____ Zip _____

Phone: (Home) _____ (Cell) _____ (Office) _____

E-Mail _____

Emergency Contact: _____

Visa MasterCard Discover American Express

Card Number _____ Exp Date _____ Code _____

Billing Address _____

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