



# Visalia Montessori School

## Summer Program 2017

July 10—August 18

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Parent Names \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent \_\_\_\_\_

Parent \_\_\_\_\_  
 Company \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Hours \_\_\_\_\_

**Grade entering in Fall:** (Circle one) **1 2 3 4 5 6**

**Schedule Choice:** Select the weeks your child will attend, grade, and number of days per week. Please specify the days of the week by writing on the calendar if you have a preference.

- \_\_\_\_ Week 1 (July 10-14)
- \_\_\_\_ Week 2 (July 17-21)
- \_\_\_\_ Week 3 (July 24-28)
- \_\_\_\_ Week 4 (July 31-Aug 4)
- \_\_\_\_ Week 5 (Aug 7-11)
- \_\_\_\_ Week 6 (Aug 14-18)

July						
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August						
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Full Days: 9:00-4:00	Half Days:	Morning (9:00-12:00)	Afternoon (1:00-4:00)
____ 5 full days/wk	\$150/week	____ 5 half days/wk	Morning Afternoon \$ 100/week
____ 4 full days/wk	\$135/week	____ 4 half days/wk	Morning Afternoon \$ 90/week
____ 3 full days/wk	\$110/week	____ 3 half days/wk	Morning Afternoon \$ 75/week
____ Other		____ Lunch Period, 11:30-1, for half-day students at \$6/scheduled day	
		____ Before School Care (7:30-9)*	\$2/day
		____ After School Care (4:00-5:30)	\$8/day

\*If interested in before school care, please specify what time your planned drop off is \_\_\_\_\_

A **\$25 deposit** toward summer tuition must accompany all summer applications.  
 Tuition is due the first week of attendance each month.

**A one week written notice is required for any decreases in attendance. Failure to do so will result in your obligation to pay for the schedule selected on *this* application.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_