



**Children's Harbor
Montessori School**

**1000 Richmond Terrace
Building G, 3rd Floor
Staten Island, NY 10301
(718) 442-6112**

Summer Studio 2019
Session 1: July 8 – July 26, 2019
Session 2: July 29 – August 16, 2019

1. Complete Application for each child.
2. Read Contract (back of application) and return to office for completion with \$25.00 registration fee, **plus** a \$112.50 non-refundable activity fee for each child registered for Session 1 and Session 2 (6 weeks), **or** \$75.00 non-refundable activity fee for each child if registered for either Session 1 or Session 2 (3 weeks).

APPLICATION

Child's name _____

Name child likes to be called _____

Home address _____ Zip code _____

Home phone _____ Birth date _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Home address _____ Home address _____

Home phone _____ Home phone _____

Business phone _____ Business phone _____

Cell phone _____ Cell phone _____

e-mail _____ e-mail _____

Does your child receive any special services (i.e. SEIT, Early Intervention, speech, physical or occupational therapy)? Yes No.

If so, please list _____

Please CHECK the Program and Session(s) your child will be attending:

Toddler Program (3 Day option only) _____

Pre Primary Program _____

Session 1: July 8 – July 26, 2019 _____

Session 2: July 29 – August 16, 2019 _____

Please CHECK desired program:

___ **5 Full Days** (M-F; 9:00 am - 3:30 pm)

___ **5 Half Days** (M-F; 9:00 am - 11:45 am)

___ **3 Full Days** (M,T,W; 9:00 am - 3:30 pm)

___ **3 Half Days** (M,T,W; 9:00 am - 11:45 am)

___ **2 Full Days** (Thur, Fri; 9:00 am - 3:30 pm)

___ **2 Half Days** (Thur, Fri; 9:00 am - 11:45 am)

(See Reverse for Contract)

SUMMER CAMP 2019 CONTRACT – to be completed by School Office

Our Summer Camp enrollment and admission process is based upon your completed written application and an interview with you and your child. To register once your child’s application has been accepted, the non-refundable registration and activity fees are due as indicated below.

I UNDERSTAND AND AGREE THAT:

1) My Summer Camp Tuition is:

Program _____	\$ _____	for _____ Session(s)
Registration Fee (Non-Refundable)	\$ _____ 25.00	
Activity Fee (Non-Refundable)	\$ _____	for _____ Session(s)
Total Tuition/Fees	\$ _____	

2) CAMP TUITION/FEEES ARE DUE AS FOLLOWS:

Upon Registration: (Session 1 or Session 2) (\$25.00 Registration Fee and \$75.00 Activity Fee)	\$ 100.00 _____
Upon Registration: (Session 1 and Session 2) (\$25.00 Registration Fee and \$112.50 Activity Fee)	\$ 137.50 _____
½ OF TUITION DUE BY MAY 3, 2019	\$ _____
BALANCE DUE NO LATER THAN JUNE 3, 2019	\$ _____

Failure to adhere to this regulation will result in the cancellation of registration.

Children’s Harbor Montessori School offers a sibling discount of 5% off Tuition, as well as an early bird discount of 5% off Tuition if paid in full by May 3. Discounts are not applicable to registration and activity fees.

3) ACTIVITY AND REGISTRATION FEES are payable upon registration and ARE NOT REFUNDABLE in the event of a cancellation by me for any reason.

4) THERE CAN BE NO MAKE-UP DAYS FOR ABSENCES.

5) All programs are subject to adequate enrollment. Pre Primary (3 & 4 year olds) Program: 5 Day Program runs Monday thru Friday. 3 Day Program runs Monday thru Wednesday. 2 Day Program runs Thursday and Friday. 2 and 3 Day Program days cannot be changed under any circumstances. *Our Toddler Program (2 year olds) option is 3 days only (Full or Half Day), Monday thru Wednesday.*

6) In order for children to attend camp, Original MEDICAL FORMS, signed by physician, MUST BE SUBMITTED to the school office BY JUNE 3, 2019. (CHMS School year students’ forms must be current). Walking Trip and Picture Release Forms, Emergency/Medical Information and Transportation Forms and Photo Release Forms must also be completed and submitted to the school office by June 3, 2019.

I wish to register my child for the 2019 summer camp program. I have enclosed a non-refundable \$25 registration fee and a non-refundable activity fee of \$75.00/112.50.

Signature _____

Date _____

Make all checks payable to: Children’s Harbor Montessori School.