



Children's World

Montessori Toddler Program

for Children 18 months through 36 months

SUMMER PROGRAM 2012

175 N. Main Street Ashland, OR 97520
(541) 488-3483

www.childrensworldmontessori.com



SUMMER 2012 APPLICATION FOR ENROLLMENT

I hereby request space for my child, _____, age _____, for the program time and sessions specified below.

To secure a spot for my child I have enclosed with my application

\$100.00 deposit due for each session (deposits for *both* sessions non-refundable after August 1, 2012)

Session I (July 2-July 27), **Session II** (July 30-August 17) _____ sessions x **\$100.00** = _____

Remaining balance due on or before the first day of each session. **Please note:** Prompt pick up is required. A late fee of \$1.00 a minute will be billed starting 5 minutes after scheduled pickup time.

Please mail checks to: 320 Beach St., Ashland, OR 97520 or place deposit in Toddler Payment Box.

Please check the Toddler program options from the choices below:

SUMMER SESSION I: July 2- July 27

Half Day Program: 8:30 a.m. - 12:00 p.m.

M through F \$480.00/session

M - W - F \$350.00/session

T - TH \$260.00/session

Full Day Program: 8:30 a.m. - 3:30 p.m.

M through F \$800.00/session

M - W - F \$525.00/session

T - TH \$375.00/session

SUMMER SESSION II: July 30 - August 17 (3 weeks)

Half Day Program: 8:30 a.m. - 12:00 p.m.

M through F \$360.00/session

M - W - F \$265.00/session

T - TH \$195.00/session

Full Day Program: 8:30 a.m. - 3:30 p.m.

M through F \$600.00/session

M - W - F \$395.00/session

T - TH \$285.00/session

Mother's Name _____

Cell Phone _____

Home Phone _____

Work Phone _____

Email _____

Address _____

Father's Name _____

Cell Phone _____

Home Phone _____

Work Phone _____

Email _____

Address _____

Child's Birth Date: _____ Previous School: _____

How did you hear about us? _____

I acknowledge that I have read and understand the above fees and payment policies.

Date: _____ Parent's Signature: _____