



Children's World

Montessori Toddler Program

for Children 18 months through 36 months

SUMMER PROGRAM 2014

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

www.childrensworldmontessori.com



2014 Toddler Summer Program Application

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

To secure a spot for my child I have enclosed with my application a **\$100 deposit** for each 3 week session.

Session I, July 7 - July 25, 3 week session, _____ x \$100 = _____

Session II, July 28 - August 15, 3 week session, _____ x \$100 = _____

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 per minute will be billed starting 5 minutes after scheduled pick-up time.

Please mail checks to 320 Beach St. or place deposit in Toddler Payment Box.

Please check all that apply: Age group, sessions, days and times you would like your child to attend. Each Session is 3 weeks.

\$100.00 deposit due for each session. Deposits are not refundable after June 15th, 2014.

SUMMER SESSION I: July 7 - July 25

SUMMER SESSION II: July 28 - August 15

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

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

M through F \$385.00/session

M through F \$385.00/session

M - W - F \$285.00/session

M - W - F \$285.00/session

T - TH \$210.00/session

T - TH \$210.00/session

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

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

M through F \$635.00/session

M through F \$635.00/session

M - W - F \$425.00/session

M - W - F \$425.00/session

T - TH \$300.00/session

T - TH \$300.00/session

Parent's Name _____

Parent's Name _____

Cell Phone _____

Cell Phone _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Email _____

Email _____

Address _____

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: _____