



CHILDREN'S WORLD

SUMMER PROGRAM 2018

www.childrensworldmontessori.com

320 Beach St.

(in Lincoln Elementary School)

Ashland, OR 97520

(541) 482-1314



Summer 2018 Preschool & Kindergarten Application for Enrollment

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 the 1 month summer session July 9th - August 3rd, 2018.

\$100.00 deposit due. Deposits are not refundable after June 1st, 2018.

Remaining balance due on or before the first day of the session or full payment may accompany the application.

Please check all that apply: Age group, days and times you would like your child to attend.

Preschool Summer Tuition: July 9-Aug. 3, 2018		<input type="checkbox"/> Ages 3 - 5	\$100 Deposit
5 Days a Week: Monday-Friday	3 Days a Week: Mon-Wed-Fri	2 Days a Week: Tuesday-Thursday	
<input type="checkbox"/> 9:00-12:00 \$445.00	<input type="checkbox"/> 9:00-12:00 \$320.00	<input type="checkbox"/> 9:00-12:00 \$260.00	

School Age Summer Tuition: July 9-Aug. 3, 2018		<input type="checkbox"/> Ages 5 - 7	<input type="checkbox"/> Ages 7 - 10	\$100 Deposit
5 Days a Week: Monday-Friday	3 Days a Week: Mon-Wed-Fri	2 Days a Week: Tuesday-Thursday		
<input type="checkbox"/> 9:00-12:00 \$445.00	<input type="checkbox"/> 9:00-12:00 \$320.00	<input type="checkbox"/> 9:00-12:00 \$260.00		

<input type="checkbox"/> Summer Extended Care:					
5 Days a Week: Monday-Friday		3 Days a Week: Mon-Wed-Fri		2 Days a Week: Tuesday-Thursday	
<input type="checkbox"/> 12:00-1:00pm \$90.00 add. fee	<input type="checkbox"/> 12:00-1:00pm \$55.00 add. fee	<input type="checkbox"/> 12:00-1:00pm \$35.00 add. fee			
<input type="checkbox"/> 12:00-3:00pm \$270.00	<input type="checkbox"/> 12:00-3:00pm \$165.00	<input type="checkbox"/> 12:00-3:00pm \$110.00			
<input type="checkbox"/> 12:00-4:00pm \$360.00	<input type="checkbox"/> 12:00-4:00pm \$215.00	<input type="checkbox"/> 12:00-4:00pm \$145.00			

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., Ashland, OR 97520.

Parent's Name _____
Cell Phone _____
Home Phone _____
Work Phone _____
Email _____
Address _____

Parent's Name _____
Cell Phone _____
Home Phone _____
Work Phone _____
Email _____
Address _____

Child's Birth Date: _____ How did you hear about us? _____

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

Date: _____ Parent's Signature: _____