



APPLICATION FOR DAY CAMP

Child's Full Name _____ **DOB** _____ **Sex** _____

Home Address _____ **Phone** _____

Parent Name _____

Email _____ **Office/Mobile Phone** _____

Parent Name _____

Email _____ **Office/Mobile Phone** _____

SESSIONS PREFERRED (Please check)

	MON.	TUES.	WED.	THURS.	FRI.
FULL DAY (9:00-3:30)					
HALF DAY (AM) (9:00 - 12:15)					
HALF DAY (PM) (12:15—3:30)					

WEEKS ATTENDING

Week 1 (July 1 -July 5) _____ (no camp July 4)
Week 2 (July 8 - July 12) _____
Week 3 (July 15 - July 19) _____
Week 4 (July 22 - July 26) _____
Week 5 (July 29 - Aug. 2) _____
Week 6 (Aug. 5 - Aug. 9) _____

TRANSPORTATION (Please check if desired): Round Trip _____ **One-Way** _____

I agree to pay all costs and fees associated with the enrollment of _____ at the Happy Montessori School of Port Washington, including but not limited to tuition and transportation. I understand that this completed application form must be returned before the beginning of the summer with a non-refundable registration fee of \$100.00 which will be deducted from the total tuition due, and that all credit card payments will incur a service charge of 3%

Parent's Signature _____ **Date** _____