



HAPPY HAPPENINGS AT THE HAPPY MONTESSORI SCHOOL
40 PLEASANT AVENUE
PORT WASHINGTON, N.Y. 11050
516-883-1131

APPLICATION FOR DAY CAMP 2026

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 (June 29 - July 2)** _____ *(no camp July 3)*
- Week 2 (July 6 - July 10)** _____
- Week 3 (July 13 - July 17)** _____
- Week 4 (July 20 - July 24)** _____
- Week 5 (July 27 - July 31)** _____
- Week 6 (Aug. 3 - Aug. 7)** _____

TRANSPORTATION (Please check if desired): Round Trip ___ One-Way ___
 (if one-way, indicate to camp or to home)

I agree to pay all costs and fees associated with the enrollment of my child at the Happy Montessori School of Port Washington summer program, 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 \$200.00 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** _____