



APPLICATION FOR DAY CAMP 2023

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 3 - July 7) _____ *(no camp July 4)*

Week 2 (July 10 - July 14) _____

Week 3 (July 17 - July 21) _____

Week 4 (July 24 - July 28) _____

Week 5 (July 31 - Aug. 4) _____

Week 6 (Aug. 7 - Aug. 11) _____

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

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** _____