

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

**APPLICATION FOR DAY CAMP 2024**

**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 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** \_\_\_\_\_