

TERRY'S MONTESSORI SCHOOL, INC.

419 POPLAR AVENUE WYOMING, OH 45215

761-3836 OFFICE

2016 SUMMER CAMP

1. I would like my child to attend the following summer program: (choose one)

_____ **Five (5) full days per week schedule (Monday thru Friday) at a cost \$358.00 per week**

_____ **Four (4) full days per week schedule at a cost of \$295.00 per week. The four days I choose are:**

_____ **Monday** _____ **Tuesday** _____ **Wednesday** _____ **Thursday** _____ **Friday**

_____ **Three (3) full days per week at a cost of \$231.00 per week. The three days I choose are:**

_____ **Monday** _____ **Tuesday** _____ **Wednesday** _____ **Thursday** _____ **Friday**

2. The weeks I want my child to attend the above schedule are as follows:

_____ **June 6-10** _____ **June 27- July 1** _____ **July 18-22**

_____ **June 13-17** _____ **July - 5-8** _____ **July 25-29**

_____ **June 20-24** _____ **July 11-15** _____ **August 1-5**

Payment: A non-refundable fee equal to one week of the summer program of your choice is due at the registration. This fee will be applied to the balance of your summer program. Please note: The balance of your summer camp fee is due on the 1st of each month.

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