

Phone:(310)829-3551

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www.montessorischoollosangeles.com

Registration Form

Santa Monica Montessori School Summer sessions 2018

Parent's name: _____

Child's name: _____

Date of birth: _____

Address: _____

Cell Phone: _____

Emergency contact: _____

Emergency Phone: _____

Please check your schedule choice:

Half day (8.30 am -12.00 pm) \$1575.00

Three quarter day (8.30 am – 3.00 pm) \$1825.00

Full day (7.30 am – 6.00 pm) \$2060.00

Please check your session choice:

Session 1(June 20th –July 20th)

Session 2(July 23rd – August 24th)

Both Sessions

I have enclosed the **\$100.00 Registration Fee** (nonrefundable) and request that a space is reserved for my child.

Signature: _____

Date: _____