

Registration Form

Parent's Name: _____

Child's Name: _____

D.O.B: _____

Address: _____

Cell phone: _____

Emergency Contact: _____

Please check your schedule option:

Session I (Four Weeks):

Half Day(8:30am-12:00pm) \$1,500

Three Quarter Day (8:30am-3:00pm) \$1,760

Full Day(7:30am-6:00pm) \$2,000

Session II (Four Weeks) :

Half Day(8:30am-12:00pm) \$1,500

Three Quarter Day (8:30am-3:00pm) \$1,760

Full Day(7:30am-6:00pm) \$2,000

Session III: (Three Weeks):

Half Day(8:30am-12:00pm) \$1,125

Three Quarter Day (8:30am-3:00pm) \$1,320

Full Day(7:30am-6:00pm) \$1,500

***Early Bird Payment (paid by April 30th) save 3% of the payment.**

I have enclosed the \$50.00 Registration Fee (Non-refundable) and request that a space is reserved for my child.

Signature: _____

Date: _____

Santa Monica Montessori School



2020

SUMMER CAMP



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