

NORTH SHORE MONTESSORI SCHOOL
218 Christian Avenue, Stony Brook, NY 11790
www.northshoremontessori.com
(631) 689-8273

Office Use Only:				
Check #				
Date Posted.	Medical Forms			
Intials:	Emergency Card			

Child's Name Parent/Guardian Name & Address Parent/Guardian Name & Address		Date of Birth		Gender	
			Email		Phone
		Email -		Phone	
E NON-REFU program.	OUE AT THE TIME OF I UNDABLE AND NON-	TRANSFERRABL	.E. No make-uj	p days or refunds will b	e issued for absen
CHECK THE BOX FOR THE CAMP PROGRAM I			OU WOULD LIKE TO I Montessori (Ages 3 – 6 y		
					(h)
		Tues/Thurs	Mon/Wed/I	Fri Full Week	
Week 1	June 24 - 28				
Week 2	July 1 -3 & 5				
Week 3	July 8 - 12				
Week 4	July 15 - 19				
Week 5	July 22 - 26				
Week 6	July 29 – August 2				
Week 7	August 5 - 9				
Week 8	August 12 - 16				
nis Summer I ize my child t be paid in fu	ow signifies that I have Program Registration For State of State o	orm as stated above nmer Program, all orms and an Emerg	e. In order to program fees gency Contact	PAYMENT INFOR Camp "Mini" Montessori	Camp Montessor
eve read the above statements and agree to all terms set forth.		T/Th: \$140/week M/W/F: \$210/week M-F: \$300/week	T/Th: \$120/week M/W/F: \$180/we M-F: \$225/week		
				# Weeks:	# Weeks:
(Print	Parent/Guardian Name	<u></u>	(Date)		
2/2019		•		TOTAL ENCLOSED:	TOTAL ENCLOSEI