The Montessori School

of New York - International

347 East 55th Street (Sutton Place), Manhattan, New York 10022
Phone: (212) 223-4630 Fax: (212) 644-7057 Email: info@montessorischoolny.com

APPLICATION FOR SUMMER DAY CAMP - 2024

(Please Print)			
Child's Name:		Sex Date of Birth	
Father's Name:		Occupation	
Mother's Name:		Occupation	
Home Address:			
Tel.: (mother)	Tel.: (father)	Preferred Email:	
Name of school child att	rends during the academic year .	School's Phone #	
EXTENDED DAY: FULL DAY: HALF DAY:	☐ 8:50 a.m 3:30 p.m		
	Camp runs for 14 weeks	s from (5/28/24 - 8/30/24).	
Children below the age of pay an extra \$30 per we		tra \$20.00 per week. Children below the age of 3 yrs. or	n 5-1-24, will
	I do ☐ do not ☐ wish to appl	ly for the Academic School Year 2024-2025.	
	PLEASE ENTER BELOW, T	THE DATES AND HOURS YOU PREFER.	
	1	AGREEMENT	
		at the Montessori Summer Day Camp for to to	
I herewith enclose the <u>r</u> convenience.	non-refundable application fee of	\$25.00 and request an interview for my child at the	earliest possible
receiving the acceptance	e letter and the entire balance of \$	tuition fee as follows: \$1025.00 non-refundable reserved prior to my child's attendance at caref the tuition and special fees is refundable.	
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Special extra optional activities like bowling, ice skating, or extra in-house activities will be billed separately.