

# The Montessori School of New York - International

347 East 55th Street (Sutton Place), Manhattan, New York 10022

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## APPLICATION FOR SUMMER DAY CAMP - 2027

(Please Print)

Child's Name: ..... Sex ..... Date of Birth .....

Father's Name: ..... Occupation .....

Mother's Name: ..... Occupation .....

Home Address: ..... Apt# ..... Zip Code: .....

Tel.: (mother) ..... Tel.: (father) ..... Preferred Email: .....

Name of school child attends during the academic year ..... School's Phone # .....

**EXTENDED DAY:** ☐ 8:00 a.m. – 6:00 p.m. .... \$450.00 per week.  
**FULL DAY:** ☐ 8:50 a.m. – 3:30 p.m. .... \$400.00 per week.  
**HALF DAY:** ☐ 8:50 a.m. – 12:00 p.m. .... \$350.00 per week.

Camp runs for 12 weeks from (6/7/27 - 8/27/27).

Children below the age of 4 yrs. on 5-1-27, will pay an extra \$20.00 per week. Children below the age of 3 yrs. on 5-1-27, will pay an extra \$30 per week.

I do ☐ do not ☐ wish to apply for the Academic School Year 2027-2028.

PLEASE ENTER BELOW, THE DATES AND HOURS YOU PREFER.

### AGREEMENT

For the enrollment of \_\_\_\_\_ (child's name) at the Montessori Summer Day Camp for \_\_\_\_\_ (#) weeks in the Extended Day/Full Day/Half Day from (dates) \_\_\_\_\_ to \_\_\_\_\_.

I herewith enclose the non-refundable application fee of \$25.00 and request an interview for my child at the earliest possible convenience.

If my child is accepted and enrolled, I agree to pay the tuition fee as follows: \$1,025.00 non-refundable reservation fee upon receiving the acceptance letter, and the entire balance of \$ ..... prior to my child's attendance at camp. I understand that from two weeks prior to my child attending, no part of the tuition and special fees is refundable.

Date ..... Signature of Parent .....

(Please note that camp will be closed on Friday 6/18/27 for Juneteenth, and Monday 7/05/27 for Independence Day)

Special extra optional activities like swimming, tennis, or extra in-house activities will be billed separately.