



5530 Medical Circle
 Madison WI, 53719
 608.273.8600
 608.441.9686 (fax)
director@madisonmontessori.org
www.madisonmontessori.org

2010 Summer Session Registration for 2 to 9 years of age

No schedule changes after 5/17/2010 and at that time, you are financially responsible for the times & dates that you have registered for.

NAME OF CHILD _____ DATE OF BIRTH _____
 Please Print Last Name First Name
 GENDER (circle one) Female Male

**Please place a check mark by each week that your child will attend.
 Full weeks only – no prorated part weeks.**

- Session 1 (6/21-7/9)**
 Week 1 (June 21-25)
 Week 2 (June 28-7/2)
 Week 3 (July 5-9)
- Session 2 (7/12-7/30)**
 Week 4 (July 12-16)
 Week 5 (July 19-23)
 Week 6 (July 26-30)
- Session 3 (8/2-8/20)**
 Week 7 (Aug. 2-6)
 Week 8 (Aug. 9-13)
 Week 9 (Aug. 16-20)

Please note that we will be closed for Set Up Week (Aug. 23-27)

Tuition and Fees: Please check all that apply

Toddler

- _____ 8:30-12:00 pm **\$167.00/week**
 _____ 8:30-3:00 pm **\$243.00/week**
 _____ 8:30-4:00 pm **\$262.00/week**
 _____ 8:30-5:00 pm **\$278.00/week**

Preschool/Elementary (2009/10 Extended Day children should sign up for Elementary)

- _____ 8:15-12:15 pm **\$138.00/week**
 _____ 8:15-3:00 pm **\$206.00/week**
 _____ 8:15-4:00 pm **\$227.00/week**
 _____ 8:15-5:00 pm **\$251.00/week**
 _____ 8:15-6:00 pm **\$269.00/week**

Before School

_____ 7:00-8:15/8:30 am \$30/week Arrival Time: _____

Please fill out and sign the other side of this sheet.

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*You are financially responsible for the times and dates that you have registered for.
No schedule changes after May 17th*

**Session 1 tuition due 6/21/10
Session 2 tuition due 7/12/10
Session 3 tuition due 8/02/10**

Parent/Guardian Information:

Name _____ Home Phone # _____
Address _____ Cell Phone # _____
City/State _____ Email _____
Relationship to child _____ Work Phone# _____

Name _____ Home Phone # _____
Address _____ Cell Phone # _____
City/State _____ Email _____
Relationship to child _____ Work Phone# _____

Parent/Guardian Signatures:

1. _____ Today's Date: _____
2. _____ Today's Date: _____

_____ **\$30.00 per child non-refundable registration fee enclosed. Your child will be considered registered when we receive the payment.**