



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

2011 Summer Session Registration for 2 to 9 years of age

No schedule changes after 5/9/2011 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 (6/20-7/8)

- Week 1 (June 20-24)
- Week 2 (June 27-7/1)
- Week 3 (July 5-8) (closed Monday, July 4th)

Session 2 (7/11-7/29)

- Week 4 (July 11-15)
- Week 5 (July 18-22)
- Week 6 (July 25-29)

Session 3 (8/1-8/19)

- Week 7 (Aug. 1-5)
- Week 8 (Aug. 8-12)
- Week 9 (Aug. 15-19)

Please note that we will be closed for Set Up Week (Aug. 22-26)

Tuition and Fees: Please check all that apply

Toddler

- _____ 8:30-12:00 pm **\$177.00/week**
- _____ 8:30-3:00 pm **\$264.00/week**
- _____ 8:30-4:00 pm **\$284.00/week**
- _____ 8:30-5:00 pm **\$302.00/week**

Preschool/Elementary (2010/11 Extended Day children should sign up for Elementary)

- _____ 8:15-12:15 pm **\$146.00/week**
- _____ 8:15-3:00 pm **\$223.00/week**
- _____ 8:15-4:00 pm **\$247.00/week**
- _____ 8:15-5:00 pm **\$273.00/week**
- _____ 8:15-6:00 pm **\$294.00/week**

Before School

_____ 7:00-8:15/8:30 am \$32/week Arrival Time: _____

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

2011 Summer Session Registration

*You are financially responsible for the times and dates that you have registered for.
No schedule changes after May 9th*

**Session 1 tuition due 6/20/11
Session 2 tuition due 7/11/11
Session 3 tuition due 8/01/11**

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.**