



Date Received	Process Date	Filed By
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The New School Montessori Center

SUMMER 2018 APPLICATION FORM

Child's Name _____

Date of Birth _____ Child's Age as of 6/1/18 _____

Please check one of the following:

My child will attend 4 to 9 weeks of the summer, for 5 days per week.

My child will attend all 9 weeks of the summer on a partial-week schedule.

My child **will NOT** be attending the summer program.

For children attending 5-days per week, please select from the following weeks:

Week 1 (June 18 – 22)	Week 6 (July 23 – 27)
Week 2 (June 25 – 29)	Week 7 (July 30 – Aug 3)
Week 3 (July 2 – 6)*	Week 8 (Aug 6 – Aug 10)
Week 4 (July 9 – 13)	Week 9 (Aug 13 – 17)
Week 5 (July 16 – 20)	

* This is a four-day week.

Please indicate your requested days:

5 days per week

4 days per week (please select the days): **M** **T** **W** **Th** **F**

3 days per week (Wed, Thurs, Fri)

2 days per week (Mon, Tues)

Please indicate your requested program:

Infant / Toddler Ones

Children's House

Toddler Twos

Elementary

Please indicate your requested schedule:

Half-Day (8:30am to 12:00pm)

Full-Day (8:30am to 4:30pm)

Elementary (8:30am to 3:30pm)

Please indicate your anticipated need for before or after-school care:

I may need before-school care (7:30am to 8:15am)

I may need after-school care (end of program to 5:30pm)

I will definitely **not** need either before or after-school care

Please note that before-school care in the summer begins at **7:30am** and after-school care ends at **5:30pm**.

The hourly rate for all before and after-school care fees is:

Under 24 months old: **\$12.00 / hr** Over 24 months old: **\$9.00 / hr**

I understand that upon signing this contract, I am enrolling my child in the 2018 summer program and agree to the following:

- The total payment for the summer program I selected will be: _____
- I agree to pay for this program in three equal payments of: _____
- I agree to pay the second payment by **May 15**, and the third payment by **June 15**.
- Once I have submitted this form, I agree to pay for the weeks indicated above. No refund will be issued for missed weeks regardless of attendance.
- I agree to abide by all terms and conditions stated within The New School's Parent Handbook and enrollment contracts.
- I agree to pay tuition and childcare fees either before or on the due date of my invoice.
- I agree to pay a late fee of \$15.00 (or 1% of the overdue balance, if greater) per month for late payments and / or outstanding balances.

Please note that by typing your name and submitting this form to the school, you are agreeing to the terms of this contract. All responsible parties for tuition must sign this agreement.

Parent Signature

Date

Parent Signature

Date

Administrator Signature

Date