

Filed By



THE NEW SCHOOL MONTESSORI CENTER

SUMMER 2019 APPLICATION FORM

ne							
th		Child's Age as of 6/1/19					
ck one of t	he following:						
•		s of the summe	er (or or	ne or mo	ore week	s for elem	nentar
My cł	hild will attend all 10 weeks	of the summer	on a pa	rtial-we	ek sched	ule.	
n attendin	g 5-days per week, please s	elect from the	followi	ng week	s:		
Week 1	[June 10 – 14]	We	ek 6	[July 1	5 – 19]		
Week 2	[June 17 – 21]	We	eek 7	[July 22	2 – 26]		1
Week 3	[June 24 – 28]	We	ek 8	[July 29	9 – Aug	2]	
Week 4	[July 1 – 5]*	We	ek 9	[Aug 5	- 9]		
Week 5	[July 8 – 12]	We	ek 10	[Aug 1	12 – 16]		
four-day w	eek.	,					_
n attendin	g fewer than 5-days per we	ek, please indi	cate yo	ur reque	ested day	/s:	
5 day	rs per week						
4 day	rs per week (please select the	days): M	T	W	Th	F	
3 day	rs per week(Wed, Thurs, Fri))					
2 day	rs per week(Mon, Tues)						
	ck one of to My clastude My clastude My clastude My clastendin Week 1 Week 2 Week 3 Week 4 Week 5 four-day wen attendin 5 day 4 day 3 day 3 day	ck one of the following: My child will attend 5 to 10 week students, for 5 days per week). My child will attend all 10 weeks attending 5-days per week, please sen attending 5-days per week, please sen attending 5-days per week, please sen attending 10 – 14 Week 1 [June 10 – 14] Week 2 [June 17 – 21] Week 3 [June 24 – 28] Week 4 [July 1 – 5]* Week 5 [July 8 – 12] four-day week. In attending fewer than 5-days per week sen attending fewe	ck one of the following: My child will attend 5 to 10 weeks of the summer students, for 5 days per week). My child will attend all 10 weeks of the summer attending 5-days per week, please select from the week 1 [June 10 – 14]	ck one of the following: My child will attend 5 to 10 weeks of the summer (or or students, for 5 days per week). My child will attend all 10 weeks of the summer on a part attending 5-days per week, please select from the following: Week 1 [June 10 – 14] Week 6 Week 2 [June 17 – 21] Week 7 Week 3 [June 24 – 28] Week 8 Week 4 [July 1 – 5]* Week 9 Week 5 [July 8 – 12] Week 10 four-day week. In attending fewer than 5-days per week, please indicate your standard of the summer on a part of the summer o	ck one of the following: My child will attend 5 to 10 weeks of the summer (or one or mostudents, for 5 days per week). My child will attend all 10 weeks of the summer on a partial-weeks attending 5-days per week, please select from the following weeks attending 5-days per week, please select from the following weeks attending 5-days per week, please select from the following weeks attending 5-days per week, please select from the following weeks attending 5-days per week 7 [July 2] Week 2 [June 17 – 21] Week 6 [July 1] Week 3 [June 24 – 28] Week 8 [July 2] Week 4 [July 1 – 5]* Week 9 [Aug 5] Week 5 [July 8 – 12] Week 10 [Aug 1] four-day week. In attending fewer than 5-days per week, please indicate your requests for the days per week (please select the days): M T W 3 days per week (Wed, Thurs, Fri)	th Child's Age as of 6/1/19 Ck one of the following: My child will attend 5 to 10 weeks of the summer (or one or more week students, for 5 days per week). My child will attend all 10 weeks of the summer on a partial-week sched attending 5-days per week, please select from the following weeks: Week 1 [June 10 – 14]	Child's Age as of 6/1/19

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)						
Please indicate your anticipated need for after-sc	hool care:							
I may need after-school care (end	of program to 5:30	Opm)						
I will definitely not need either bef	I will definitely not need either before or after-school care							
I understand that upon signing this contract, I am agree to the following:	n enrolling my chil	d in the 2019 summer program and						
The total payment for the summer program	m I selected will be	2:						
I agree to pay for this program in three equ	ual payments of: _							
 I agree to pay the first payment by April 19 and the third payment by July 1. 	9 (non-refundable), the second payment by June 1 ,						
 Once I have submitted this form, I agree to issued for missed weeks regardless of atte 		s indicated above. No refund will be						
 I agree to abide by all terms and conditions and enrollment contracts. 	s stated within The	e New School's Parent Handbook						
I agree to pay tuition and childcare fees eit	ther before or on t	he due date of my invoice.						
 I agree to pay a late fee of \$15.00 (or 1% o payments and / or outstanding balances. 	of the overdue bala	nnce, if greater) per month for late						
Please note that all responsible parties for tuition	must sign this agre	eement.						
Parent Signature	Date							
Parent Signature	 Date							