



Summer School Registration/Tuition Agreement
for summer school year 2017

I hereby register my child for the Summer School program at Monte Vista Montessori School beginning _____ date _____.

Name of Student: _____, _____, _____ girl boy
last name first name initial

Date of Birth: _____ SS# _____
month / day / year

Home Address: _____
(as it should appear in the student directory) street city zip

Home and Cell Phone(s): _____

Parent: _____, _____
occupation

E-mail: _____
work phone

Parent: _____, _____
occupation

E-mail: _____
work phone

Language(s) spoken by child: _____

Previous schooling of child: _____

Year of first enrollment at MVM: _____

I was introduced to MVM by: _____.

My child will be picked up between: _____ and _____ pm.

Tuition for the 2017 Summer School program: \$230.00 per week.

Please mark the weeks your child will attend:

- June 19-23, June 26-30, (NO SCHOOL THE WEEK OF JULY 4TH),
 July 10-14, July 17-21, July 24-28, July 31-August 4

I have received copies of the policies and standards of Monte Vista Montessori School.

I understand the tuition payment schedule, and I agree to make all payments according to the plan I have selected and noted above.

Signature of Parent(s): _____ date _____
(signature of both parents required.)

date

Signature for MVM: _____ date _____

Administrator must meet the child in before registration will be accepted.