SPLASH 2017 APPLICATION

Prairie View Montessori

SUMMER SPLASH

www.PrairieViewMontessori.com

(630) 978-7786

Child's Name:_____

Birth Date: _____/_____/_____

Parent(s) Name(s): _____

Street Address: _____

City, State, Zip: _____

Home Phone: (_____)_____

Cell Phone(s): (_____)_____

Mom Work Phone: (_____)_____

Dad Work Phone (_____)_____

Family E-Mail Address: _____

Emergency / Pickup Authorization #1: _____

Home Phone: (_____)_____ Cell/Work Phone: (_____)_____

Emergency / Pickup Authorization #2: _____

Home Phone: (_____)_____ Cell/Work Phone: (_____)_____

CHOOSE Session(s): A Minimum Enrollment of One Session is required.

( ) July 10 – July 21 ( ) July 24 – August 4 ( ) August 7 – August 18

SCHEDULE		Days** (Please Circle)	Tuition (Per Session)
3-6 Years			
( ) ½ Day	3 Days/Week	Mon / Tue / Wed / Thu / Fri	$260.00
( ) ½ Day	4 Days/Week	Mon / Tue / Wed / Thu / Fri	$280.00
( ) ½ Day	5 Days/Week		$300.00
( ) Full Day	3 Days/Week	Mon / Tue / Wed / Thu / Fri	$410.00
( ) Full Day	4 Days/Week	Mon / Tue / Wed / Thu / Fri	$450.00
( ) Full Day	5 Days/Week		$500.00

** Please circle the days that your child will attend. No changes can be made to the schedule once the session starts.

* Tuition Must Accompany the Application
* NO REFUNDS after the Start of the session
* 3% Discount for Complete Payment for All Sessions.
* A $50 for non-refundable registration fee for supplies will apply.
* 15% Discount for additional Siblings
* Check or Money Order Only Please

I want my child enrolled in PVM Splash 2016 Program _____

Parent/Guardian Signature Date

Register by May 12th, 2017 and receive a FREE Summer Splash T-Shirt.

FOR OFFICE USE ONLY: Amount Received: $_____ Check#:_____ Date:_____

"Inspiring The Passion To Learn!"