Kidz Camp Montessori Pre-Registration Form

TO REGISTER, PLEASE COMPLETE THE FOLLOWING:

Parent	's Name:			
Addres	ss:			
Phone	: Home	Cell		
Email:				
Email E	Entered:			
Payme	ent Method (circle): Electronic Funds Transfer	or Credit Card Form Su	bmitted
Child N	lame:		Date of Birth:	
Gende	er: (circle) Male	or Female		
My Ch	ild will attend:			
	_ M-F Ho	ours:		
	_ M-W-F Ho	ours:		
	_ T-Th-F Ho	ours:		
Start D	ate:			
Class p	oreference would	be:		
	Early Toddler	Toddler		
	_ Pre-Primary	Lower El.	After School	
Class:				
Payme	ent information:			
\$	_ enclosed is my Registration fee (non-refundable)			
\$	_ enclosed is my Deposit fee (please note the deposit fee will not be refunded)			
\$	enclosed is my Supply fee (non-refundable) for dates: From to			
\$	_ is the monthly t	uition for dates: From	to	
	Registration Pac	cket Given (Yes/ No)		
Author	ized Persons Nam	e:		
Author	ized Signature:			