



SUMMER CAMP LAB 2021

Please check one or both: MATH LAB _____ LANGUAGE/READING LAB _____

Student's Name _____ Date of Birth ____/____/____ Gender Male - Female

Home Address _____

Parent/Guardian's Name _____ Phone # () _____ - _____

Address _____ Email: _____

Parent/Guardian's Name _____ Phone # () _____ - _____

Address _____ Email: _____

EMERGENCY CONTACT

#1 Name: _____ Relation to Camper _____ Phone # () _____ - _____

#2 Name: _____ Relation to Camper _____ Phone # () _____ - _____

List all authorized individuals, other than parents, to pick up child(ren) (I.D. must be provided to release child.)

#1 Name: _____ Relation to Camper _____ Phone # () _____ - _____

#2 Name: _____ Relation to Camper _____ Phone # () _____ - _____

DOCTOR'S INFORMATION:

Name: _____ Phone # () _____ - _____

List all conditions, physical or behavioral, as well as any allergies, disabilities, dietary restrictions, or medications: _____

PRIMARY STUDENTS AGES 3yrs. – 6yrs.

Session #1 9am – 12pm. June 7th – July 2nd \$875.00 _____

Session #2 9am – 12pm. July 6th – July 30th \$850.00 _____

LOWER ELEMENTARY STUDENTS AGES 6yrs. – 9yrs.

Session #1 9am – 12pm. June 7th – July 2nd \$975.00 _____

Session #2 9am – 12pm. July 6th – July 30th \$950.00 _____

UPPER ELEMENTARY STUDENTS AGES 9yrs. – 12yrs.

Session #1 9am – 12pm. June 7th – July 2nd \$975.00 _____

Session #2 9am – 12pm. July 6th – July 30th \$950.00 _____

PAYMENT DUE DATES:

Charges for the First Session: June 7th - July 2nd is due on or before May 17th.
Charges for the Second Session: July 6th - July 30th is due by June 17 2021. **(Please note that we will be closed on July 5th)** No refunds will be given for absences. Cancellation of services must be in writing and sent to our Office by E-mail to carla@cattoiramontessori.com. Notices must be received 2 weeks prior to the date of the scheduled session. A cancellation fee of 30% of any unused tuition will be assessed.

PAYMENT METHOD:

Check # _____ Amount \$ _____

Credit Card #: _____ Exp. Date: ____/____ Security V-Code _____

Name as it appears on credit card: _____

Signature: _____ Balance will be charged when payment is due.

Parent/Guardian

Parent/Guardian

Signature _____ Date _____ Signature _____ Date _____

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