



*Returning Families must fill out this form completely, as the State of Michigan requires a separate registration form than the school year for summer programming.

Date: _____

Student: _____
Last First MI

Boy Girl Date of Birth: ____/____/____ Age: ____ Yrs. ____ Mos. U.S. Citizen: Yes No

Address: _____ Home Phone: _____
Street City Zip

Father/Guardian's Name: _____

Address: _____ Home Phone: _____
(If Different) (If Different)

Mother/Guardian's Name: _____

Address: _____ Home Phone: _____
(If Different) (If Different)

Health:

Does your child have any new fears of which we should be aware? _____

Are there any health considerations that would prohibit your child from participating fully in summer activities including physical education classes or sports activities? Are there any special accommodations required due to physical disabilities?

| NIDO | | | 3 Week Minimum | 3 Week Minimum | 3 Week Minimum |
|--------------------------|---------|-------------------|--------------------------------|-----------------------------------|-----------------------------------|
| | | | Full Day 8:15 AM – 03:15 PM | Extended AM 7:30 AM – 08:15 AM | Extended PM 3:15 PM – 05:45 PM |
| <input type="checkbox"/> | Week 1 | June 20-22: | \$192 | \$50 | \$65 |
| <input type="checkbox"/> | Week 2 | June 25-29: | \$320 | \$50 | \$65 |
| <input type="checkbox"/> | Week 3 | July 2-6: | CLOSED | | |
| <input type="checkbox"/> | Week 4 | July 9-13: | \$320 | \$50 | \$65 |
| <input type="checkbox"/> | Week 5 | July 16-20: | \$320 | \$50 | \$65 |
| <input type="checkbox"/> | Week 6 | July 23-27: | \$320 | \$50 | \$65 |
| <input type="checkbox"/> | Week 7 | July 30-August 3: | \$320 | \$50 | \$65 |
| <input type="checkbox"/> | Week 8 | August 6-10: | \$320 | \$50 | \$65 |
| <input type="checkbox"/> | Week 9 | August 13-17: | \$320 | \$50 | \$65 |
| <input type="checkbox"/> | Week 10 | August 20-22: | \$192 | \$50 | \$65 |
| | | Total: | | | |

*Highlighted dates are shorter weeks

PLEASE INFORM THE OFFICE IF YOU HAVE ANY CHANGES/UPDATES TO THESE RECORDS

1. Child Information Record
2. Immunization Form
3. Health Appraisal

To register your child, please send us this application and one-time **\$45 Application fee**. The Application Fee is non-refundable. The Application fee will be applied towards summer tuition if received by April 13th, 2018.

Christian Montessori School of Ann Arbor admits children of any race, color, religion, national, or ethnic origins. It does not discriminate on the basis of race, color, religion, national or ethnic origin in administration of its educational and admissions policies. Please see CMSAA Handbook for Discipline Policy.

Parents' Signature: _____ Date: _____

Parents' Signature: _____ Date: _____