

Please fully complete this application for consideration for the summer program.

Date: _____

Student: _____
Last First MI

Boy Girl Date of Birth: ____/____/____ Age: ____ Yrs. ____ Mos.

Address: _____
Street City Zip

1st Contact

Name: _____ Email: _____

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

2nd Contact

Name: _____ Email: _____

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

Summer Tuition		Nido		YCC		CH	
		Full Day 8:15 AM – 03:15 PM		Full Day 8:15 AM – 03:15 PM		Full Day 8:15 AM – 03:15 PM	
Week 1	June 21-25:	<input type="checkbox"/>	\$346	<input type="checkbox"/>	\$321	<input type="checkbox"/>	\$312
Week 2	June 28-July 2:	<input type="checkbox"/>	\$346	<input type="checkbox"/>	\$321	<input type="checkbox"/>	\$312
Week 3	July 6-9:	<input type="checkbox"/>	\$278	<input type="checkbox"/>	\$257	<input type="checkbox"/>	\$250
Week 4	July 12-16:	<input type="checkbox"/>	\$346	<input type="checkbox"/>	\$321	<input type="checkbox"/>	\$312
Week 5	July 19-23:	<input type="checkbox"/>	\$346	<input type="checkbox"/>	\$321	<input type="checkbox"/>	\$312
Week 6	July 26-30:	<input type="checkbox"/>	\$346	<input type="checkbox"/>	\$321	<input type="checkbox"/>	\$312
Week 7	August 2-6:	<input type="checkbox"/>	\$346	<input type="checkbox"/>	\$321	<input type="checkbox"/>	\$312
Week 8	August 9-13:	<input type="checkbox"/>	\$346	<input type="checkbox"/>	\$321	<input type="checkbox"/>	\$312
Week 9	August 16-20:	<input type="checkbox"/>	\$346	<input type="checkbox"/>	\$321	<input type="checkbox"/>	\$312
Week 10	August 23-25:	<input type="checkbox"/>	\$208	<input type="checkbox"/>	\$193	<input type="checkbox"/>	\$187

*Highlighted dates are shorter weeks
*Limited space available all weeks

Do you need extended care?

- AM Extended (8:00 am-8:15 am) \$18/week
- PM Extended (3:00 pm-4:00 pm) \$35/week

Which 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 5th, 2021.

There are limited spaces available, therefore enrollment is awarded on a first come, first serve basis and your child will be added to the waitlist if space is not available.

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.

Cancellation and Change Policy:

Children are enrolled for chosen weeks, and the full tuition balance is required for all chosen weeks including weeks that are unattended. We will accept cancellations until June 1. Changes can be requested up to 4 weeks before the start of the chosen week. In the case of a change, we will try to accommodate requests if there is space available. Tuition that has been paid for the changed week will be transferred to the new week if available, or if there is no space available, there will be no refund of tuition past June 1. We will accept one change of week with no penalty, all other changes will be subject to an additional \$50 surcharge.

Parents' Signature: _____ Date: _____

Parents' Signature: _____ Date: _____