



# Villa Montessori Summer School 2010

## ELEMENTARY BOOK FEAST REGISTRATION

### For Non-Villa Students entering 2nd-6th grades



Student's Name: \_\_\_\_\_ Grade in Aug. '10: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

\*\*I have read and understand the cancellation policy \_\_\_\_\_ (initial).

Please mail or deliver this registration form to the main office: Villa Montessori School, 4535 N. 28th Street, Phoenix, AZ, 85016. Students not currently enrolled at Villa will need to pay the first month's tuition plus a registration fee of \$25 at the time of registration. Once accepted New Students must also fill out a Blue Card (emergency contact information) and turn in immunization records.

All payments are due by the start of each session. If you would like to pay each session by credit card, please complete the bottom portion of this form. **Check All That Apply:**

**Book Feast classes will be held at the Meadowbrook/Davis Campus,  
2802 E Meadowbrook, Phoenix, AZ 85016**

E1 / E2 <u>Session A</u> June 1st to June 11th		E1 / E2 <u>Session B</u> June 14th to June 25th		E1 / E2 <u>Session C</u> June 28th to July 9th		E1 / E2 <u>Session D</u> July 12th to July 23rd		E1 / E2 <u>Session E</u> July 26th to July 30th	
<b>Academic Day</b> 8:30-2:30 \$305		<b>Academic Day</b> 8:30-2:30 \$305		<b>Academic Day</b> 8:30-2:30 \$305		<b>Academic Day</b> 8:30-2:30 \$305		<b>Academic Day</b> 8:30-2:30 \$150.00	
<b>All Day</b> 7:00-6:00 \$370		<b>All Day</b> 7:00-6:00 \$370		<b>All Day</b> 7:00-6:00 \$370		<b>All Day</b> 7:00-6:00 \$370		<b>All Day</b> 7:00-6:00 \$190.00	

#### Summer Credit Card Form

We accept Visa, Master Card, American Express, and Discover Card. We will automatically charge your credit card at the beginning of each session. If you have any questions, please call Heather Carara at 602-381-9967 or e-mail at [hcarara@villamontessori.com](mailto:hcarara@villamontessori.com).

Name printed on Credit Card: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I already take part in the monthly automatic charges. Please use the card already on file.

Automatically charge my card each session for the balance due.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_