

Villa Montessori Summer School 2011 INTRO. TO ELEMENTARY TWO REGISTRATION



For Current Villa students entering 4th grade

Will be held at the Cheryl Campus 3110 E Cheryl Dr., Phoenix, AZ 85028

June 27th - July 1st*

**A second class may be offered the week of July 18th if necessary.*

(Students enrolled in Academic day may be dropped off at 8am if necessary.)

This one week long class will help incoming 4th graders with their transition into E2.
The cost is \$150 for Academic Day or \$185 for All Day.

E2 Session: June 27th—July 1st	
Academic Day	All Day
8:30 to 2:30	8:00 to 6:00
\$150	\$185

They will:

- *Learn strategies for organizing crates/binders/ folders/ notebooks
- *Receive lessons and guidance on how to complete long-term projects
- *Become familiar with a weekly work plan
- *Learn ways to prioritize their work and
- *See how work “check off” is done
- *Classroom procedures will be shown
- *Tours will be given
- *Leadership strategies & community building will be introduced

Student's Name: _____ Teacher: _____ Grade in 2010: _____

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.

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.

Please check which session your child will be attending:

Session 1: June 27th – July 1st Academic Day All Day

If your child is also enrolled in the Elementary Book Feast, tuition for that program will be pro-rated.

*Students also enrolled in the Elementary Book Feast for **ALL DAY** will be transported down to the Meadowbrook/Davis Campus at 2:30 pm for the Circle Program free of charge.*

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 ext. 103 or e-mail at 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. I understand that my card will be charged at the **beginning of each session**.

[] Automatically charge the card above at the **beginning of each session** for the balance due.

Signature: _____ Date: _____