



# Villa Montessori Summer School 2011

## PRE-PRIMARY REGISTRATION FOR NON-VILLA STUDENTS



Students Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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.

<u>PP Summer</u> Session 1: May 31st - 24th	Check All That Apply	<u>PP Summer</u> Session 2: June 27th - July 22nd No school on July 4th	Check All That Apply	<u>PP Summer</u> Session 3: July 25th - July 29th	Check All That Apply
<b>Half Day</b> 8:30 - 11:30 a.m. \$585		<b>Half Day</b> 8:30 - 11:30 a.m. \$585		<b>Half Day</b> 8:30 - 11:30 a.m. \$160	
<b>Academic Day</b> 8:30-2:30 p.m. \$635		<b>Academic Day</b> 8:30-2:30 p.m. \$635		<b>Academic Day</b> 8:30-2:30 p.m. \$170	
<b>All Day</b> 7:00 - 6:00 p.m. \$705		<b>All Day</b> 7:00 - 6:00 p.m. \$705		<b>All Day</b> 7:00 - 6:00 p.m. \$190	
<b>Swimming Lessons</b> \$85		<b>Swimming Lessons</b> \$85		<b>Swimming Lessons</b> \$25	

### 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](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. 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: \_\_\_\_\_