



Summer Enrichment Program Application Form

The following application form applies to those applicants not currently enrolled in the Seaside Preschool & Kindergarten program.

Student Information

Application Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Date of Enrollment: _____ Age (at enrollment): _____ Gender: _____

Summer Enrichment Program Offerings:

Seaside Montessori aims to offer flexibility of schedule for the 2015 summer program. You may choose **2 or 4 days per week** with **half day or full day** options. Also, candidates are able to sign up for the program for **1 week or all 5 weeks** depending on your individual needs and preferences.

- **Half day** runs from **8:30 AM – 11:30 AM**.
- **Full day** runs from **8:30 AM – 2:30 PM**.
- **2 days** per week - **choose your days**.
- **4 days** per week includes **Monday - Thursday**.

Admission Fees

Summer Program Enrollment:

To ensure a space in the 2015 Seaside Montessori summer enrichment program the cost is due in full with the application form. Spaces will be allotted based on a first come first serve basis. Amounts paid are non-refundable. Please make checks payable to Seaside Montessori.

Summer Program Pricing:

Pricing for the Seaside Montessori summer enrichment program is as follows:

	<i>Per Week</i>	<i>Full 5 Weeks</i>
4 Day Full Day	\$264.00	\$1,260.00
4 Day Half Day	\$132.00	\$630.00
2 Day Full Day	\$150.00	\$720.00
2 Day Half Day	\$75.00	\$360.00

Please indicate by checking the box for the days and weeks you wish to enroll your child in the 2015 Seaside Summer Enrichment Program.

	8:30am - 11:30am	8:30am - 2:30pm
4 days M-R	<input type="checkbox"/>	<input type="checkbox"/>
2 days M T W R	<input type="checkbox"/>	<input type="checkbox"/>

*Week 1: 6/29 - 7/2	Week 2: 7/6 - 7/9	Week 3: 7/13 - 7/16	Week 4: 7/20 - 7/23	Week 5: 7/27 - 7/30
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Seaside Montessori

Primary Caregiver Information

Name: Relationship: Address: Town: State: Zip:	Name: Relationship: Address: Town: State: Zip:
Phone: () Cell: () Work: () E-mail:	Phone: () Cell: () Work: () E-mail:
Profession/Occupation: Work Hours: Company: Address: Town: State: Zip:	Profession/Occupation: Work Hours: Company: Address: Town: State: Zip:

Family Information

Student lives with (please check all that apply):

- ☐ Mother ☐ Other (Name/Relationship): _____
☐ Father

Check if appropriate:

- ☐ Mother is deceased ☐ Parents are separated
☐ Father is deceased ☐ Parents are divorced

Sibling Information:

Name:	Date of Birth:	School & Grade:

Additional Information:

Please let us know of any additional information regarding your child such as allergies or special limitations or concerns: _____

Non-Discrimination Policy

Seaside Montessori, LLC. does not discriminate on the basis of sex, race, religion, cultural heritage, national or ethnic origin, political beliefs, disability, marital status, or sexual orientation in the administration of its educational, admission, employment and administrative policies. Toileting status is not an enrollment criterion.

(Parent / Guardian Signature)

(Date)