



REGISTER:

Child's Name:
_____ -

D.O.B. ____ / ____ / ____

WORKSHOP SELECTION:

(Please Check One)

- _____ **All Three Weeks**
- _____ **Week One (6/13 – 6/17)**
- _____ **Week Two (6/20 – 6/24)**
- _____ **Week Three (6/27 – 7/1)**

Upon signing this registration form, I agree to submit a non-refundable deposit of \$100.00 to Trinity Montessori School for each child enrolled in Little Wonders. I understand that this deposit will be used as a down payment toward the full cost of \$175.00 per week, per child and that the remainder of the full cost is due to be paid to Trinity Montessori School no later than June 13th, 2016.

Parent Name:

Signature:

Date: ____ / ____ / ____

Checks can be made payable to Trinity Montessori School

_____ Check Enclosed

_____ Cash Enclosed



Before and After Camp Care is available for an additional charge of \$7.00 per hour:

- Before Care runs from 7:30am – 8:45am
- After Care runs from 12:00pm – 5:30pm

This program is only offered to children ages 3+

Will your child participate in this additional care?
(Please check all the apply)

- _____ Yes my child will use Before Camp Care
- _____ Yes my child will use After Camp Care
- _____ No my child will not use Before or After Camp Care

Before Care hours needed: ____ to ____

After Care hours needed: ____ to ____

Child's Name:

Child's D.O.B.:
____ / ____ / ____

Parent Signature:

Please return this form with your camp registration to Trinity Montessori School. **We will invoice you for Before and/or After Camp Care hours.** Thank you!