## **The Montessori School**

## of New York - International

347 East 55th Street (Sutton Place), Manhattan, New York 10022
Phone: (212) 223-4630 Fax: (212) 644-7057 Email: info@montessorischoolny.com

## **APPLICATION FOR SUMMER DAY CAMP - 2023**

(Please Print)		
Child's Name:		Sex Date of Birth
Father's Name:		Occupation
Mother's Name:		Occupation
Home Address:		
Tel.: (mother)	Tel.: (father)	Preferred Email:
Name of school child a	ttends during the academic year	School's Phone #
EXTENDED DAY: FULL DAY: HALF DAY:	☐ 8:50 a.m 3:30 p.m	
	Camp runs for 12 weeks t	irom (5/30/23 - 8/18/23).
Children below the age pay an extra \$30 per w		a \$20.00 per week. Children below the age of 3 yrs. on 5-1-23, will
	I do ☐ do not ☐ wish to apply	for the Academic School Year 2023-2024.
	PLEASE ENTER BELOW, TH	IE DATES AND HOURS YOU PREFER.
	<u>A</u>	GREEMENT
		at the Montessori Summer Day Camp for (#) weeks in to
I herewith enclose the convenience.	non-refundable application fee of \$	\$25.00 and request an interview for my child at the earliest possible
receiving the acceptance	ce letter and the entire balance of \$ .	tuition fee as follows: \$1025.00 non-refundable reservation fee upon prior to my child's attendance at camp. I understand the tuition and special fees is refundable.
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		extra in-house activities will be billed separately.