

**VERNON HILLS MONTESSORI ACADEMY**

21 W Hawthorn Pkwy Vernon Hills IL 60061 Phone: 847-918-0342

Email: [montessorimusicacademy@gmail.com](mailto:montessorimusicacademy@gmail.com)**TRANSITION CLASS SUMMER PROGRAM 2021***Please complete this form and return it with the appropriate fees. You can email or drop it off at the school.*

I \_\_\_\_\_ (name of the parent/parents) agree to pay the total summer tuition fee in full or in 2 installments. I understand that the tuition fee term is not subject to adjustment because of illness, absence, withdrawal, or dismissal of the child from the Summer Program for any cause after the date of admission. Make checks payable to "V H Montessori". The following information is submitted as part of this application for my child.

New Student ☐Returning Student ☐

Name of Camper \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Place of Birth \_\_\_\_\_

Email \_\_\_\_\_ Child's T-Shirt Size ☐XS ☐S ☐M ☐L

Name of Parent (Or person enrolling the camper) \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ ☐ Check if you want TEXT REMINDERS

How did you hear about us? \_\_\_\_\_

LIST 2 EMERGENCY CONTACTS IF WE CAN'T REACH PARENTS:

Name 1 \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Name 1 \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Physician to call if the child becomes ill or injured (Besides people listed above) \_\_\_\_\_

Address: \_\_\_\_\_ Phone : \_\_\_\_\_

**Registration: \$100****Payment Plan:** deposit \$250 due-on the day of registration, 1<sup>st</sup> installment due –June 1, 2021, 2<sup>nd</sup> installment due - July 1, 2021.

If enrolled 7 or fewer weeks, due is on June 1 in full.

**Extracurricular classes are not included, Extracurricular class information will be provided as soon as we know.**

TODDLERS 15-35 months FULL DAY ONLY 8:30 AM-5:30 PM	TRANSITION 2,5-4 YEARS FULL DAY 7:00 AM – 6:00 PM	TRANSITION 2,5-3,5 YEARS HALF DAY 8:30 AM-11:30 AM
5 Days a Week \$305 per week	5 Days a Week \$290 per week	5 Days a Week \$220 per week
4 Days a Week \$270 per week	4 Days a Week \$260 per week	4 Days a Week \$180 per week
3 Days a week \$220 per week	3 Days a Week \$245 per week	3 Days a Week \$150 per week

Please check the days and program your child will be attending

		MON	TUE	WED	THUR	FRI
Full Day – LUNCH INCLUDED	7:00am - 6:00pm					
Half Day – NO LUNCH	8:30am - 11:30am					
Half Day – LUNCH INCLUDED/\$7/day	8:30am - 1:00pm					

ATTENDANCE SCHEDULE (Please check the days and camp(s) your child will be attending)

☐ June 7-11<sup>th</sup> (on site) 
 ☐ June 14-18<sup>th</sup>
☐ June 21-25<sup>th</sup>
☐ June 28-July 2<sup>nd</sup>
☐ July 5-9<sup>th</sup>
☐ July 12-16<sup>th</sup>
☐ July 19-23<sup>th</sup>
☐ July 26-July 30<sup>th</sup>

☐ August 2- August 6<sup>th</sup>
☐ August 9- August 13<sup>th</sup>
☐ August 16- August 20<sup>th</sup>

Parent Signature: \_\_\_\_\_ VHMA \_\_\_\_\_ Date: \_\_\_\_\_

Registration Fee \_\_\_\_\_ Deposit \_\_\_\_\_ June 1<sup>st</sup> \_\_\_\_\_ July 1<sup>st</sup> \_\_\_\_\_ Aug. 1<sup>st</sup> \_\_\_\_\_ Total \_\_\_\_\_

Check# \_\_\_\_\_ Credit card# \_\_\_\_\_ Exp \_\_\_\_\_ CVV code \_\_\_\_\_ Zip Code \_\_\_\_\_