

# SETON MONTESSORI SUMMER CAMP 2008

## JUNIOR APPLICATION (3-6 YEAR OLDS)

Date: \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First)

Parent(s) Name \_\_\_\_\_ Gender \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Working Hours: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Working Hours: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

•Seton will always attempt to contact the parents first. •

Emergency / Pickup Authorization #1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Home Phone#: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

Emergency / Pickup Authorization #2: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Home Phone#: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

>>>> See Reverse Side for Program Information >>>>

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CHOOSE SESSION(S): A Minimum Enrollment of One Session is Required.

(    ) June 16 - July 3      (    ) July 8 - July 25      (    ) July 29 - August 15

CHOOSE SCHEDULE:                      PRICES ARE PER THREE WEEK SESSION

(    ) 1/2 Day **AM**, 3 1/2 Hours      Juniors (3-6 years)      8:45 A.M. - 12:15 P.M. 5 Days      \$420.00

(    ) 1/2 Day **PM**, 2 1/2 Hours      Juniors (3-6 years)      1:15 P.M. - 3:45 P.M. 5 Days      \$365.00

Please note, additional hours are not available with the half day programs.

(    ) Short Day - Up to 7 Hours      Juniors (3-6years)      9:00 A.M - 4:00 P.M. 5 Days      \$655.00

(    ) Additional Hours                      (Hours \_\_\_\_\_ to \_\_\_\_\_)                      \$115.00/hr  
Between 7:00 - 9:00 A. M. and 4:00 - 6:00 P.M.

\* Junior Campers also have the option of choosing 3, 4 or 5 days per week  
(Please list preferred days)\_\_\_\_\_. Days will be based on availability.  
Please call the office for prorated rates.

- \* One session of tuition must accompany the application
- \* NO REFUNDS after the start of the session
- \* 20% discount for additional siblings on the lesser tuition.
- \* Check , Money Order or Visa/Mastercard accepted

Please send me some information on the following:

- (    ) Parent-Child Class when it becomes available.
- (    ) Senior Group for 6 - 9 year old children.
- (    ) Leader In Training (LIT) program for 10 - 15 year olds.
- (    ) Vacation Camp Program for days when camp is not in session.

I want my child enrolled in Seton Summer Camp.

\_\_\_\_\_ Parent or Guardian Signature Required

\_\_\_\_\_ Date

FOR OFFICE USE ONLY:      Amount Received: \$ \_\_\_\_\_      Check #: \_\_\_\_\_      Date: \_\_\_\_\_