



## Summer Session Enrollment Form

Child name: \_\_\_\_\_

Parent #1 name: \_\_\_\_\_ Parent #1 email: \_\_\_\_\_ Parent #1 phone: \_\_\_\_\_

Parent #2 name: \_\_\_\_\_ Parent #2 email: \_\_\_\_\_ Parent #2 phone: \_\_\_\_\_

1. Minimum sign up = two weeks
2. Changes (i.e. length of attendance, etc.) are only possible based on enrollment and staffing in the summer.

WEEK	HALF DAY/FULL DAY <small>(circle one)</small>	DATES	TUITION <small>(circle one)</small>
Week 1	HALF DAY / FULL DAY	<b>6/11—6/15</b>	<b>\$123/\$245</b>
Week 1	HALF DAY / FULL DAY	<b>6/18—6/22</b>	<b>\$123/\$245</b>
Week 1	HALF DAY / FULL DAY	<b>6/25—6/27</b>	<b>\$123/\$245</b>
Week 1	HALF DAY / FULL DAY	<b>7/9—7/13</b>	<b>\$123/\$245</b>
Week 1	HALF DAY / FULL DAY	<b>7/16—7/20</b>	<b>\$123/\$245</b>
Week 1	HALF DAY / FULL DAY	<b>7/23—7/27</b>	<b>\$123/\$245</b>
Week 1	HALF DAY / FULL DAY	<b>7/20—8/3</b>	<b>\$123/\$245</b>
Week 1	HALF DAY / FULL DAY	<b>8/6—8/10</b>	<b>\$123/\$245</b>
Week 1	HALF DAY / FULL DAY	<b>8/13—8/17</b>	<b>\$123/\$245</b>
<b>Total tuition:</b>			

**AFTER CARE (4:00-5:30; \$8/hour) can be provided based on need (a minimum of 4 sign ups at a time). Please check the boxes below to indicate your preferences for aftercare for the weeks you have signed up.**

- We do not need aftercare.     
  We must have aftercare, otherwise we cannot enroll.     
  We will use aftercare if it is provided. Otherwise, we will still enroll.

Return Enrollment Form to school office by mail: 313 Mygatt Ave., Duluth, MN 55803, by email: [office@montessoriduluthmn.org](mailto:office@montessoriduluthmn.org). Questions: 218-728-4600