

Montessori Tides School Summer Programs Application

CHILD'S NAME _____

AGE AND BIRTH DATE _____

PARENT NAME(S) _____

ADDRESS _____

TELEPHONE (H) _____ (C) _____ (W) _____

(C) _____ (W) _____

EMAIL ADDRESS _____

EMERGENCY CONTACT _____

NAME AND TELPHONE _____

PLEASE LIST ANY FOOD CONSIDERATIONS _____

PLEASE CHECK SESSION(S) DESIRED:

Toddler Program (16-36 months)

June and July 2010

			June	July
Option 1	8:45-12:00	\$625/MO	_____	_____
Option 2	8:45-3:00	\$817/MO	_____	_____
Option 3	8:45-4:00	\$882/MO	_____	_____
Early drop off at 8:00am		\$ 80/MO	_____	_____

Primary Program (3-6)

June and July 2010

			June	July
Option 1	8:30-2:00	\$680/MO	_____	_____
Option 2	8:30-4:00	\$840/MO	_____	_____
Early drop off at 8:00am		\$ 80/MO	_____	_____

10% DISCOUNT ON 2ND CHILD

PLEASE MAKE CHECKS PAYABLE TO ZAZO MONTESSORI AND
MAIL TO:

Montessori Tides School
1550 Penman Road
Jacksonville Beach, FL 32250