



# Crescent Montessori School

## An Education for Lifelong Learning

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## 2017 Summer Program Registration Form

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

e-mail Addresses \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Check the weeks your child will attend.

	Session	Theme	Dates	Ages
<input type="checkbox"/>	Week I	Puppetry	July 17 - July 21	3 - 7
<input type="checkbox"/>	Week II	Masks	July 24 - July 28	3 - 7
<input type="checkbox"/>	Week III	Nature	July 31 - Aug 4	3 - 7
<input type="checkbox"/>	Week IV	Music	Aug 7 - Aug 11	5 - 10

Number of Weeks x \$230 = Total \_\_\_\_\_

Junior Camp Counselor (Ages 8-10)

Number of Weeks x \$115 = Total \_\_\_\_\_

Please make your check payable to Crescent Montessori.

Thank you!