Meadow Montessori School
Summer Class Registration 2008

STUDENT INFORMATION (one registration per child)

Last Name _____ First Name _____ ☐Male ☐Female

Age _____ Date of Birth _____ Grade Level Fall 2008 _____ Current School _____

Street Address/PO Box _____ City/State _____ Zip _____ Home Phone _____

Father/Legal Guardian _____ Daytime Phone/Cell/Pager _____

Street Address/PO Box (if different) _____ City/State _____ Zip _____ Home Phone _____

Mother/Legal Guardian _____ Daytime Phone/Cell/Pager _____

Street Address/PO Box (if different) _____ City/State _____ Zip _____ Home Phone _____

CLASS REGISTRATION

Please register by filling out this form and indicating class(es) on the check off form.
**** NOTE ** Each child must have a separate registration form and check off form**.

___Infant ___ Toddler ___Preschool
___Preschool Extended Time Care

___Lower Elementary ___ Upper Elementary
___Lower Elementary Extended Time Care ___ Upper Elementary Extended Time ___Leader in Training

METHOD OF PAYMENT

☐ Check/Money Order Enclosed Payable to: Meadow Montessori School.
Please include child's name on check/M.O. One Check per child/registration form.

☐ Cash (Only if paying in person. Please do not mail cash.)

_____
Total Program Fees

_____
Total Supply Fees

_____
Total Amount Enclosed

To register or for more information:

Jennifer Fritz
Director of Admissions
Summer in the Meadow
Meadow Montessori School
1670 S. Raisinville Road
Monroe, MI 48161

734.241.9496
734.241.0829 Fax
Jenny@meadowmontessori.org

If we do not meet the minimum amount of students, the summer class will be canceled and you will be notified of the cancellation.

Parents' Signature _____ **Date** _____