

Weekly Summer Program: June 12 through August 25, 2017

8:00 am to 3:30pm \$200/week

Optional:

Early morning drop off: 7:30 to 8:00am, additional \$15/week
Afternoon Program from 3:30 to 5:30pm, additional \$25/week

Participant Information:

Child One Name: _____
First Middle Last

Child's Age: _____ Years _____ Months Gender: ___ M ___ F

D.O.B _____ Birthplace: _____

Child Two Name: _____
First Middle Last

Child's Age: _____ Years _____ Months Gender: ___ M ___ F

D.O.B. _____ Birthplace: _____

Address: _____
Street

City/Town State Zip

Parent Information:

Parent One: Full Name	Parent Two: Full Name
Address (if different)	Home Address (if different)
Email Address	Email Address
Day Phone One Day Phone Two	Day Phone One Day Phone Two

Registration Information:

Please complete the MWS Summer Program Payment Agreement (on the reverse side of this form) and return it including a \$50 non-refundable deposit for each week of the Summer Program for which you are registering.

Registration for the MWS Summer Program is accepted on a first-come basis.

Your \$50 deposit (Cash, Check, MasterCard, and Visa) will hold your child's spot until May 26, 2017, when the balance of your program fees are due in full.

MWS Summer Program 2017 Program Registration and Payment Agreement

Note: You may use this form for more than one child per family, if both are attending the same weeks with the same options.

Check the sessions for which you wish to register:

	WEEK 1 June 12-16	WEEK 2 June 19-23	WEEK 3 June 26-30 *	WEEK 4 July 10-14	WEEK 5 July 17-21
	Let the Sun Shine	Hut Building	Painted Objects	Look Up	Look Down
Summer Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Drop-off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WEEK 6 July 24-28	WEEK 7 July 31-Aug 4	WEEK 8 August 7-11	WEEK 9 August 14-18	WEEK 10 August 21-25
	Printing From Nature	Bodies of Water	Weaving From Nature	The Tree Cycle	Where Is The Wind
Summer Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Drop-off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Program Fees:

Summer Program	(8:00am - 3:30pm)	\$200/week	x ___ weeks =	\$ _____
Early Morning Drop Off	(7:30 - 8:00am)	\$15/week	x ___ weeks =	\$ _____
Afternoon Program	(3:30 - 5:30pm)	\$25/week	x ___ weeks =	\$ _____
Total Program Fees =				\$ _____

* No camp for the July 4th Holiday Week

Less enclosed program deposit @ \$50/week = < _____ >

Balance Due by May 26 = \$ _____

In consideration of my child(ren) participating in Monadnock Waldorf School's Summer Program, I agree to pay the full required fees specified above by May 26, 2017. If payment is not received by May 26, 2017, I understand that this/these space(s) may be forfeited.

Obligation and Cancellation

If you enroll after the payment due date, payment is due in full. If you need to cancel, please contact Kristen Moody in our Business Office at (603) 357-4442 ext. 107 or kmoody@monadnockwaldorfschool.org, as soon as possible so we may offer your space to another child. A refund (less the \$50 non-refundable deposit) will be given for cancellations received at least 2 weeks prior to the start date of the session. If cancellation is received less than 2 weeks prior to the start date of your session, no refund will be given. No refund will be given for non-attendance due to illness, or other reasons, during the camp season. The same guidelines apply with regard to refunds for Early Morning Drop Off and the Afternoon Program.

I agree that fees will be paid according to this program agreement. I am financially responsible for the above named child(ren).

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Monadnock Waldorf School

Date