



First Friends Montessori Preschool  
 PO BOX 399, Fairfax CA 94978

415) 459 7028

**First Friends Montessori Preschool Summer Program - Application**

Please enroll my child \_\_\_\_\_ in the program(s)

indicated below. My child's Birthday is \_\_\_\_\_.

Preschool Summer Programs: Sign up for one session, a few or all.

Session	9:00-3:00 Mon-Fri	9:00-1:00 Mon-Fri	9:00-3:00 or 9:00-1:00 Daily Rate	TOTAL
<input type="checkbox"/> July 6-17: Rainbow Rhapsody 2 weeks	<input type="checkbox"/> \$550	<input type="checkbox"/> \$475	<input type="checkbox"/> \$60 per day. Dates: \$50 half day	\$
<input type="checkbox"/> Jul 20- Jul 31 Mad Science 2 weeks	<input type="checkbox"/> \$550	<input type="checkbox"/> \$475	<input type="checkbox"/> \$60 per day. Dates: \$50 half day	\$
<input type="checkbox"/> August 3-14: Our Favorite Books 2 weeks	<input type="checkbox"/> \$550	<input type="checkbox"/> \$475	<input type="checkbox"/> \$60 per day. Dates: \$50 half day	\$
<input type="checkbox"/> August 17-28: Making Impressions 2 weeks	<input type="checkbox"/> \$550	<input type="checkbox"/> \$475	<input type="checkbox"/> \$60 per day. Dates: \$50 half day	\$
<b>Grand Total:</b>				\$

Snacks are provided but children should bring their own lunches.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Please return this form, with payment, to: **First Friends Montessori PO BOX 399 Fairfax, CA 94978**. Checks should be made out to "First Friends Montessori". – Thank you!