



HAPPY HAPPENINGS AT THE HAPPY MONTESSORI SCHOOL
40 PLEASANT AVENUE
PORT WASHINGTON, N.Y. 11050
516-883-1131

APPLICATION FOR DAY CAMP ENROLLMENT

Child's Full Name _____ **DOB** _____ **Sex** _____

Home Address _____ **Phone** _____

Parent Name _____

Occupation _____ **Office/Mobile Phone** _____

Parent Name _____

Occupation _____ **Office/Mobile Phone** _____

SESSIONS PREFERRED FOR WEEK: 1 2 3 4 5 6 7 8

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FULL DAY					
HALF DAY (AM)					
HALF DAY (PM)					
MIDI DAY					

TRANSPORTATION (Please check if desired): Round Trip _____ One-Way _____

I agree to pay all costs and fees associated with the enrollment of _____ at the Happy Montessori School of Port Washington, including but not limited to tuition, transportation and book fees if applicable. I understand that this completed application form must be returned before the beginning of the summer with a non-refundable registration fee of \$100.00 which will be deducted from the total tuition due.

Parent's Signature _____ **Date** _____