

DECEMBER 19TH AND 20TH Half-Day Camps Registration Form

Student Name: _____ Grade: ____ Teacher: _____

Notables: _____

Student Name: _____ Grade: ____ Teacher: _____

Notables: _____

Student Name: _____ Grade: ____ Teacher: _____

Notables: _____

Choose the Days/Programs Your Child(ren) Will Attend:

- Thursday, December 19th, 2020 – 11:30 to 4:30 PM (Cost: \$35)
- Thursday, December 19th, 2020 – 4:30 to 7:30 PM (Cost: \$25)
- Friday, December 20th, 2020 – 11:30 to 4:30 PM (Cost: \$35)
- Friday, December 20th, 2020 – 4:30 to 7:30 PM (Cost: \$25)

Parent Contact Information:

Parent Name: _____ Emergency Phone Number: _____

Parent Name: _____ Emergency Phone Number: _____

Total:

11:30-4:30 # of Children Attending: ____ x \$35.00 x ____ # of days Subtotal: _____

4:30-7:30 # of Children Attending: ____ x \$25.00 x ____ # of days Subtotal: _____

10% sibling discount off total Subtract 10%: _____

TOTAL: _____

Payment:

Credit Card Order: _____ Exp. Date: _____ CVC: _____

Cash: _____ Check # Order: _____

Make checks payable to San Tan Montessori LLC, Write half day camps in the memo

