

CACC Montessori Summer Program 2025: Enrollment Form

Child's Name _____ Date of Birth _____
 Parent/Guardian Name _____
 Mailing Address _____
 Cell Phone _____ Work Phone _____
 Email Address _____

Please check your selections: Camp dates June 2nd – August 8th (10 weeks)

		M – F	TWTH	7 – 8:30	8:30 -12	8:30-3	3-5:00
Week 1	6/2	_____	_____	_____	_____	_____	_____
Week 2	6/9	_____	_____	_____	_____	_____	_____
Week 3	6/16	_____	_____	_____	_____	_____	_____ (Thurs. 6/19 closed)
Week 4	6/23	_____	_____	_____	_____	_____	_____
Week 5	6/30	_____	_____	_____	_____	_____	_____ (Fri. 7/4 closed)
Week 6	7/7	_____	_____	_____	_____	_____	_____
Week 7	7/14	_____	_____	_____	_____	_____	_____
Week 8	7/21	_____	_____	_____	_____	_____	_____
Week 9	7/28	_____	_____	_____	_____	_____	_____
Week 10	8/4	_____	_____	_____	_____	_____	_____

REGISTRATION DUE BY MONDAY, FEBRUARY 7, 2025

50% DUE BY FRIDAY, APRIL 15, 2025; 50% DUE BY FRIDAY, JUNE 15, 2025

Upon receipt of your enrollment form, a copy of your form and an invoice will be emailed to you.

OFFICE USE ONLY

Explorer Discovery Materials Fee _____
 BS _____ AS _____
 Tuition _____ Sibling disc. _____
 TOTAL _____
 PAYMENT 1 _____ ck# _____
 PAYMENT 2 _____ ck# _____

PLEASE NOTE: THERE WILL BE NO REFUNDS ISSUED FOR CANCELLATION OF ANY DAYS OR WEEKS AS STAFF HAS BEEN HIRED BASED ON ENROLLMENT FOR EACH WEEK. YOU WILL, HOWEVER, BE ABLE TO ENROLL FOR ADDITIONAL DAYS OR WEEKS BASED ON STAFF AVAILABILITY.