

Beverly Montessori School
9916 S. Walden Pkwy. Chicago, IL 60643
773/239-7635
Fax 773/239-3581

Application for Summer Program – 2010

Child's name _____ Birthdate _____

Address _____ City _____ Zip _____ Age June 1st _____ yrs. _____ mos.

Home Phone _____ Family email address _____

Father's Name _____ Work Place _____

Work Phone _____ Cellphone _____ Pager _____

Mother's Name _____ Work Place _____

Work Phone _____ Cellphone _____ Pager _____

Name of childcare provider during the day if other than parent _____

Address _____ Phone _____

Name of person authorized to pick up child if other than parent _____

Address _____ Phone _____

REFERENCES: (to call in an emergency, other than parents)

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Allergies _____

Special needs? _____

Program desired:

_____ 3 Day (T-W-Th) \$650

_____ 5 Day \$1050

A \$100 deposit is required with this application and the balance of \$550 (3 day) or \$950 (5 day) is due by June 1st.

Parent's signature _____ Date _____

OFFICE USE

Date received _____ \$100 deposit paid _____ \$550 / \$950 balance paid _____