



ESCUELA MONTESSORI SUMMER CAMP 2018

Join us as we explore the rich and exciting world of Montessori in a relaxed summer setting. Every day will include creative activities promoting learning in a fun and stimulating environment. Arts and crafts, cooking, water play days, music and much more!

Tumblebus will continue during the summer. More information is attached

FUN IN THE SUN

Join us as we explore exciting weekly themes: Beach/Ocean Life, Camping and the Great Outdoors, Discovering El Paso and the Borderland, Exploring Space and Dinosaurs

**ESCUELA
MONTESSORI
212 W. Sunset Rd.
El Paso, Texas 79922**

914-584-9215

June 4 – July 27

Escuela Montessori Del Valle

212 W. Sunset Rd., El Paso, Texas 79922 *915-584-9215

Summer 2018 Registration Form Ages 18 months to 5 years

Name: _____ Age: _____ Birthdate: _____

Address: _____ Telephone: _____

Current Class (or school): _____

Session I:

_____ June 4 - June 8
_____ June 11 - 15
_____ June 18 - 22
_____ June 25 - 29

Session II:

_____ July 2-6 (no classes on the 4th)
_____ July 9 - 13
_____ July 16 - 20
_____ July 23 - 27

_____ Half Day (8:30-11:30)

_____ Full Day (8:30-2:45)

Half Day Tuition: \$500.00/month; \$140.00/week

Full Day Tuition: \$575.00/month; \$175.00/week

Extra child care hours: 7:00 - 8:30 a.m./3:00-6:00

Before School Child Care	(7:00 - 8:30 am)	\$105.00 per month
After School Child Care	(3:00 - 4:00 pm)	\$105.00 per month
After School Child Care	(3:00 - 6:00 pm)	\$150.00 per month
Before and After School	(7:00 am - 6:00 pm)	\$200.00 per month

Drop in rate is \$10 for before school and/or afterschool care due at the time of service.

We require a minimum of 2 weeks for staffing purposes.

Registration and supply fee: \$25.00 per child (non-refundable)

Please make checks out to Escuela Del Valle, Inc.

Parent Signature: _____ Date: _____



TUMBLEBUS Summer Sessions 2018

PLEASE CIRCLE YOUR CHOICE BELOW

Session 1: June 4th – June 29th (4 classes) \$40.00

Session 2: July 2nd – July 27th (4 classes) \$40.00

Pay by June 1st for both sessions and receive \$10 off your fee!

Session 1 and 2: \$70.00

*Payments may be made via cash, check, credit or debit card. Auto charge is available. Checks may be made out to TUMBLEBUS of El Paso. Always write the child's name in the memo line of the check.

****Drop-in fee is \$12.00 per class and can be paid in cash or check the day of the class. Payment must be present at that time for the child to be taken in the class.**

TOTAL DUE: _____

METHOD of PAYMENT: (Please Circle)

CASH CHECK CREDIT/DEBIT CARD (OR Indicate to continue to charge existing account online)

CC TYPE/ DEBIT: _____ CC # _____

SEC. CODE _____ EXP DATE _____

I authorize TUMBLEBUS of El Paso to charge the TOTAL AMT Due to this card as indicated above.

Signature: _____ Date: _____

TUMBLEBUS SUMMER Enrollment Form

****MUST FILL OUT FORM COMPLETELY****

*Child's Name: _____ *Childcare Facility: _____

*Age: _____ *Birthdate: _____ * Zip Code: _____

*Email Address: _____ *Email Confirmation: _____

*My child is already enrolled in TUMBLEBUS: YES _____ NO _____

*My child **WILL** continue during the summer: YES _____ NO _____

*Mom's Name/Cell Number: _____

*Dad's Name/ Cell Number: _____

*Emergency Contact Name/Cell Number: _____

*Any Medical Conditions? _____

*Each child receives ONE gummy bear after class. Is he/she allergic to anything? _____

*We would like your permission to use any pictures or videos on our TUMBLEBUS webpage and/or Facebook:

YES _____ NO _____ Parent Signature: _____ Date: _____

*I _____ understand that a risk is involved in participation in gymnastics and related activities and that requires adherence to rules and discipline. I, the undersigned parent or guardian, release TUMBLEBUS, their instructors, and their childcare providers from all responsibilities and all claims for injuries received while participating in TUMBLEBUS of El Paso activities.

Signature: _____ Date: _____

*I _____ Acknowledge that for the school year program there will be a fee of \$40 due on the 1ST WEEK OF EACH SESSION. There will be a one week grace period to pay any balances; failure to do so will result in my son(s)/daughter'(s) inability to participate in TUMBLEBUS.

Signature: _____ Date: _____

Thank you for enrolling in our program!!!! 😊