

CAMAS MONTESSORI SCHOOL
522 NE 23rd Ave.
CAMAS, WA. 98607
(360) 834-7434
"Help me to help myself"

2017-2018 school year

FALL RESERVATION FORM FOR **PRIMARY** STUDENTS

Your reservation fee of **\$150.00**, is an ANNUAL fee designed to hold a place for your child in our Primary program. It is to be paid each year while your child stays with CMS. Your child is expected to attend through his or her **six-year-old** year and upon **completion** of that year, your ACCUMULATED reservation fees will be applied to your May or June's tuition payment. This does not include the separate application fee for new students.

Reservation forms and fees are first collected from any returning Camas Montessori students currently enrolled and/or their siblings. *For those parents of graduating six year old children, Indicate if fee is covered by graduating sibling's refund.*

Child's Name _____ Birthdate _____

____ I understand that I am expected to enroll my child through the age of six.

TUITION: (Check all that apply) Please indicate 1st or 2nd choices _____

make checks payable to
Camas Montessori

____ **MORNING HALF DAY 5x wk.(8:30 - 11:30) \$589/month: 10 pmts. Aug-May**

____ MORNING HALF DAY 5x wk. (8:30 –11:30) \$536/month: 11 pmts.Aug-June

____ MORNING HALF DAY 4 DAYS/WK (8:30-11:30): \$560 10 PMTS

____ MORNING HALF DAY 4 DAYS/WK (8:30-11:30): \$509 11 PMTS

____ **FULLDAY 5x wk.(8:30 - 3:00) \$816/month: 10 pmts. Aug-May**

____ FULLDAY 5x wk. (8:30 –3:00) \$742/month: 11 pmts. Aug-June

(Children who will turn five before Aug. 31st must be enrolled for a fullday Monday through Friday).

____ FULLDAY 4 DAYS/WK (8:30-3:00): \$720 10 PMTS

____ FULLDAY 4 DAYS/WK (8:30-3:00):\$655 11 PMTS

____ **AFTERNOON HALF DAY 5x week (12:00-3:00) \$574/month: 10 pmts. Aug-May**

Does not include Early release Wednesdays 1xmonth Child must be 4 ½ years old.

____ **AM CARE (7:00 - 8:15) \$120/month : 9 pmts.**

____ **PM CARE (3:00 - 4:00) \$120/month: 9 pmts.**

____ **XPM CARE(3:00 - 5:30) . \$300 (3:00-5:30: those staying after 4:00 will be at the Spanish school)**

____ **ANNUAL TUITION DISCOUNT 5% (if paid in full by Aug. 10)**

____ **MULTI-CHILD DISCOUNT 10% off of youngest child's reg. tuition when both enrolled**

____ **WANT CATECHESIS OF THE GOOD SHEPHERD PROGRAM (if offered)**

Parent(s) Name _____ M cell: _____

Address _____ Date _____

City, State, Zip _____ F cell: _____

Email: _____

For office use only:

Check rec'd _____

Amount _____

Check # _____

Cash _____

Date paid _____