

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

2018-2019 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 **five-six-year-old (Kindergarten)** 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) \$618/month: 10 pmts. Aug-May**
- MORNING HALF DAY 5x wk. (8:30 -11:30) \$562/month: 11 pmts. Aug-June
- MORNING HALF DAY 4 DAYS/WK (8:30-11:30): \$588 10 PMTS
- MORNING HALF DAY 4 DAYS/WK (8:30-11:30): \$535 11 PMTS

For office use only: Check rec'd _____ Amount _____ Check # _____ Cash _____ Date paid _____

- FULLDAY 5x wk. (8:30 - 3:00) \$857/month: 10 pmts. Aug-May**
- FULLDAY 5x wk. (8:30 -3:00) \$779/month: 11 pmts. Aug-June
- (Children who will turn five before Aug. 31st must be enrolled for a full day Monday through Friday).**
- FULLDAY 4 DAYS/WK (8:30-3:00): \$756 10 PMTS
- FULLDAY 4 DAYS/WK (8:30-3:00):\$687 11 PMTS

- AM CARE (7:00 - 8:15) \$120/month: 9 pmts.**
- PM CARE (11:30-12:30) \$120/month: 9 pmts.**
- PM CARE (3:00 - 4:00) \$120/month: 9 pmts.**
- 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**

Parent(s) Name _____ M cell: _____

Address _____ Date _____
City, State, Zip _____ F cell: _____

Email(s): _____