



Monte Vista Montessori School
2025 Summer School Registration Form / Tuition Agreement

I hereby register my child for the Summer School program at Monte Vista Montessori Summer School beginning date. _____ .

Name of Student _____ Gender _____
last name, first name, initial

Date of Birth _____ SS# _____
month day year

Home Address _____
street city zip

Home Phone(s) _____ Cell Phone(s) _____

Parent: _____
occupation work phone email

Parent: _____
occupation work phone email

Language(s) Spoken by Child _____

Previous Schooling of Child _____

I was introduced to MVM by _____

My child will be picked up by 3:30 pm.

Tuition for the 2025 Summer School program: \$275.00 per week.

Please mark the week(s) your child will attend;

- June 23-27 NO SCHOOL THE WEEK OF JULY 4th
- July 07-11 July 14-18 July 21-25 July 28-August 1

I have received copies of the policies and standards of Monte Vista Montessori School.

I understand the tuition payment schedule, and I agree to make all payments according to the plan I have selected and noted above.

Signature of Parent(s) _____
date

date

Signature for MVM _____
date

Administrator must meet the child in before registration will be accepted.