

# 2017 SUMMER TODDLER REGISTRATION



*This class is reserved for students who are pre-enrolled for the next school year.  
The Toddler Experience is a special preparation for entrance to the Montessori Children's House.  
Continuity of curriculum is important to the development of your child's "Habits of Success."*

## TODDLER'S INFORMATION

Name:	Birth Date:	Sex:	Grade in Fall:
Home/Mailing Address:		City:	State: Zip:
Home Ph.:	Cell Ph.:	SHIRT SIZE:	

## PARENT #1 INFORMATION

Name:	Hm. Ph.:	Bus. Ph.:
Cell Ph.:	Employer:	Driver's Lic. #:
E-mail Address:		

## PARENT #2 INFORMATION

Name:	Hm. Ph.:	Bus. Ph.:
Cell Ph.:	Employer:	Driver's Lic. #:
E-mail Address:		

## PERSON RESPONSIBLE FOR PAYMENT

Name:	Hm. Ph.:	Bus. Ph.:
Cell Ph.:	Employer:	
Billing Address:		

## HOW DID YOU FIND ALEXANDER CAMP?

- |  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> Referred by someone | <input type="checkbox"/> Internet search          | <input type="checkbox"/> Telephone directory                                 | <input type="checkbox"/> Received E-mail notification | <input type="checkbox"/> Drove by                         |
| <input type="checkbox"/> Received mailer     | <input type="checkbox"/> Previously attended Camp | <input type="checkbox"/> Saw ad in publication (periodical, newspaper, etc.) |   | <input type="checkbox"/> My child is an Alexander student |

## EMERGENCY/MEDICAL INFORMATION

A copy of your child's current health certificate is required of all campers who did not attend Alexander this school year. Please obtain a copy of this form from your child's current school or pediatrician.  
**Your child will not be admitted to Alexander Camp without this certificate.**

## EMERGENCY CONTACT #1

Name:	Hm. Ph.:	Bus. Ph.:
Cell Ph.:	Relation to Camper:	

## EMERGENCY CONTACT #2

Name:	Hm. Ph.:	Bus. Ph.:
Cell Ph.:	Relation to Camper:	

## DOCTOR'S INFORMATION:

Name:	Phone:
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List all conditions, physical or behavioral, as well as any allergies, disabilities, dietary restrictions, or medications:

List all authorized individuals, other than parents, to pick up child(ren) (I.D. must be provided to release child.):

**Mail to:** 6050 SW 57<sup>th</sup> Ave., Miami, FL 33143  
**Phone:** (305) 665-6274 **Fax:** (305) 665-7726

All requested information is important. Please notify us immediately if any information changes.

**Preschool Camp:** 6050 SW 57<sup>th</sup> Ave.  
**Toddlers & Preschool Camp:** 14400 Old Cutler Road  
**Toddlers & Preschool Camp:** 17800 Old Cutler Road  
**Elementary Camp:** 14850 SW 67<sup>th</sup> Ave.

I/We give Alexander Camp permission to administer First Aid to my child(ren). I/We give Alexander Camp permission to use my child(ren)'s likeness or photo that may appear in school and/or public publications, TV, or electronic media. I/We give Alexander Camp permission to bus my child(ren) to the Elementary Campus for swimming and waive prior notice of the dates and times such groups may be scheduled. Toddlers do not swim. Half- and Full-Day Toddlers bring lunch daily.

**ALEXANDER TODDLER SUMMER SESSION SCHEDULE – 2017**

Hours are from 9:00 AM to 3:30 PM at Old Cutler Road and 8:45 AM to 3:15 PM at Palmetto Bay. Early Arrival is free as of 8:00 AM. See payment options below.

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
June 19- June 23	June 26- June 30	July 3- July 7	July 10- July 14	July 17- July 21	July 24- July 28	July 31- August 4	August 7- August 11

**AVAILABLE PROGRAMS**

Please select any starting date. There is a minimum registration of 2 consecutive weeks. We advise that 6 to 8 weeks are usually required for NEW Toddlers to become comfortable with the program. New Toddlers will be phased in gradually. Further information will be provided upon enrollment.

<b>Toddler Half-Day Programs</b> <i>Circle desired weeks.</i>	\$220 per week	Minimum 1½ yrs. old	8:45 AM to 11:45 AM (PB)/ 9:00 AM to 12:00 PM (OCR) or 12:15 PM to 3:15 PM (PB)/ 12:30 PM to 3:30 PM (OCR)
	AM Toddler Session	Weeks	1 2 3 4 5 6 7 8
	PM Toddler Session	Weeks	1 2 3 4 5 6 7 8
<b>Toddler Full-Day Program</b> <i>Circle desired weeks.</i>	\$295 per week	Minimum 1½ yrs. old	8:45 AM to 3:15 PM (PB)/ 9:00 AM to 3:30 PM (OCR)
	Full-Day Toddler Session	Weeks	1 2 3 4 5 6 7 8
<b>Early Arrival From 8:00 AM</b> <i>Circle desired weeks.</i>	No charge	Weeks	1 2 3 4 5 6 7 8
<b>Extended Day</b>	Because it would be such a long day away from home, we do not offer Extended Day for Toddlers. Toddlers must be picked up by 3:30 PM.		

**PAYMENT OPTIONS, DISCOUNTS, DUE DATES, AND SIGNATURES**

- A. Minimum Initial Payment Due with Application:** One week of tuition
- B. Discounts:** Applicable only to Camp tuition and not to Fun Week or additional services.
  - (1) 5% discount if all charges are paid in full by April 21<sup>st</sup> (2) 5% discount for each additional natural or adopted child (applied before any other payment discounts)
- C. Payment Due Dates:** Charges for all weeks are due by May 22<sup>nd</sup>.
- D. No refunds will be given for absences for any reason.** Cancellation of services must be in writing and sent to our Red Rd. Office by E-mail (school@alexandermontessori.com), mail, or fax 2 weeks before the last day of scheduled attendance. A cancellation fee of 30% of any unused tuition will be assessed.
- E. I/We agree** all unpaid fees and tuition are immediately due and payable and I/we agree to pay interest on all balances with the Camp at the rate of one-and-one-half percent (1.5%) per month until paid. I/We waive notice and agree to pay all costs of collection including reasonable attorney's fees whether suit be brought or not. I/We knowingly and intelligently waive the right to trial by jury. I/We agree that venue and jurisdiction for any litigation relating to this document and/or agreement shall be in Miami-Dade County, Florida. If collection due to fault occurs, I/We agree that I/We shall be liable for all costs of collection, including filing fees and attorney's fees. In the event of default, interest shall accrue on any balance at the highest legal rate.

Parent #1/Guardian	Date
Parent #2/Guardian	Date

Charges must be paid by applicable due date or reservation will be cancelled. Patrons are responsible for all charges for services rendered or reserved. For your convenience, our Accounting Department can calculate your total fees. Feel free to call at (305) 665-6274.

**CHECK ONE:**  TUITION DEPOSIT OR  PAYMENT IN FULL WITH APPLICABLE DISCOUNT

<b>Payment Method:</b> <input type="checkbox"/> Credit Card Credit Card #:	<input type="checkbox"/> Check Check #:
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX Exp. Date:	Security V-Code (3 digits for MC, VISA, & Discover; 4 digits for AMEX):
Amount enclosed with Application: \$	Balance will be charged when payment is due.
Name as it appears on credit card:	
Signature:	Date:

