



APPLICATION

CHILD'S NAME _____ M/F _____ DATE OF BIRTH _____

ADDRESS _____

Camp Discovery is the summer program of Montessori Children's House.

CITY _____ STATE _____ ZIP _____

Administrative Offices
 200 Camphill Road
 Fort Washington, PA 19034
 www.mch2learn.org
 215-641-1761

CHECK LOCATION:

_____ Blue Bell _____ Horsham



IS YOUR CHILD:

_____ Current Montessori Children's House Student
 _____ New Enrollee
 Summer Only _____ Summer & Fall _____

WEEKS OF ATTENDANCE:

(Please check ALL weeks your child will attend Camp Discovery)

_____ June 20-June 24 _____ July 25-July 29
 _____ June 27-July 1 _____ August 1-August 5
 _____ July 4-July 8 _____ August 8-August 12
 _____ July 11-July 15 _____ August 15-August 19
 _____ July 18-July 22 _____ August 22-August 26

SCHEDULE HOURS

	From	To
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Contracted Supplemental Care (Circle One): Yes No

I apply for admission of my child to Camp Discovery: (*All deposits will be applied to tuition and are non-refundable.)

New families-Enclose a \$60.00 registration fee and a \$100.00 deposit per child.

Current families-Enclose a \$100.00 deposit per child. (Deposit can be paid from account on file)

I understand that as the undersigned parent I am fully responsible for the payment of all program fees. I will be paying tuition by (Please check one):

_____ **Electronic Funds Transfer by credit card or bank account**
 _____ **Click to Pay (Bill sent by e-mail with payment by credit card or bank account)**
 _____ **Check**

PARENT'S NAME _____ HOME ADDRESS _____ HOME PHONE _____

EMPLOYER _____ WORK PHONE _____ CELL PHONE _____

PARENT'S NAME _____ HOME ADDRESS _____ HOME PHONE _____

EMPLOYER _____ WORK PHONE _____ CELL PHONE _____

PARENT SIGNATURE _____ DATE: _____

E-MAIL ADDRESS _____

Administrative Use Only:

GROUP: _____ ADVENTURERS (3 years by 9/16) ENTRANCE DATE: _____
 _____ EXPLORERS (18 months-3 years)