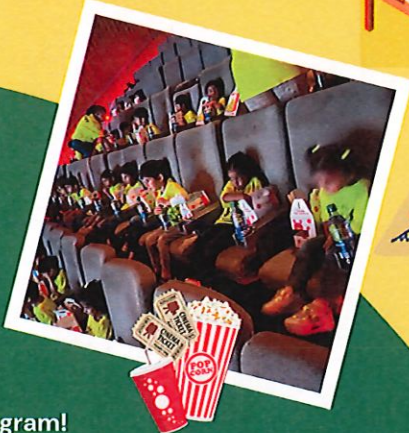
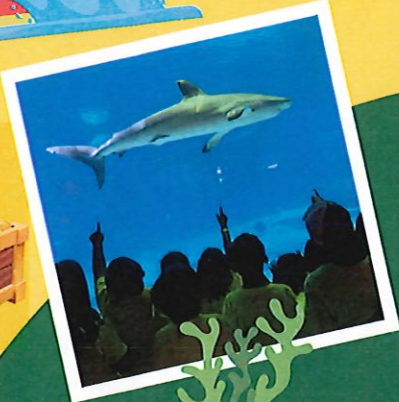


LITTLE FLOWER MONTESSORI SCHOOL SUMMER CAMP



Welcome to Our 2025 Summer Program!

We are thrilled that you're considering joining us for an unforgettable summer experience! Our exciting and action-packed program is designed to spark creativity and fun, with a wide range of activities, including arts, crafts, games, and field trips.

The program will run for 7 weeks, from Monday, June 30th to Friday, August 15th. Our goal is to provide a safe, enriching, and enjoyable environment where your child can make lasting memories while having fun and learning. Please see the details below for more information.

MONTHLY PROGRAMS

JULY

6/30/25 - 7/25/25

FULL DAY

8:45 am to 3:15 pm

HALF DAY

AM : 8:45 am to 11:30 am
PM : 12:30 pm to 3:15 pm

AUGUST

7/28/25 - 8/15/25

FULL DAY

8:45 am to 3:15 pm

HALF DAY

AM : 8:45 am to 11:30 am
PM : 12:30 pm to 3:15 pm

JULY EXTENDED CARE

6/30/25 - 7/25/25

BEFORE CARE

8:00 am to 8:45 am

AFTER CARE

3:45 pm to 6:00 pm

AUGUST EXTENDED CARE

7/28/25 - 8/15/25

BEFORE CARE

8:00 am to 8:45 am

AFTER CARE

3:45 pm to 6:00 pm

PLEASE CALL FOR ADDITIONAL DETAILS!

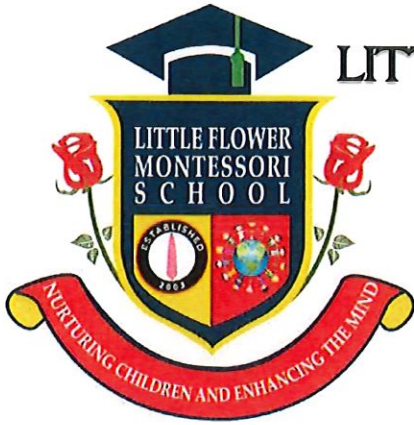


LITTLE FLOWER MONTESSORI SCHOOL

2 KILMER ROAD EDISON, NJ 08817



Check us out!



LITTLE FLOWER MONTESSORI SCHOOL

2 Kilmer Road
 Edison, New Jersey 08817
 Phone: (732) 339-9041
 Phone: (732) 339-0909
 Fax: (732) 339-9042

www.littleflowermontessorischool.com

SUMMER APPLICATION 2025

For Office Use Only

Start Date: _____

Cash /Check #: _____

Amount: _____

Class: 4 5 6

Session: FD AM PM

CHILD	Name of Child:	<small>FIRST</small>	<small>MIDDLE</small>	<small>LAST</small>	Today's Date:	<small>MM</small>	<small>DD</small>	<small>YR</small>
	Date of Birth:	<small>MM</small>	<small>DD</small>	<small>YR</small>	Age:			
					Sex: Male	<small>(Circle)</small>		Female
Street Address:				Apt:	City:	State:	Zip Code:	

PARENTS INFORMATION	FATHER				MOTHER			
	First Name:				First Name:			
	Last Name:				Last Name:			
	Occupation:				Occupation:			
	Work Phone:				Work Phone:			
	Cell Phone:				Cell Phone:			
E-Mail:				E-Mail:				
				<input type="checkbox"/> @ gmail.com <input type="checkbox"/> @ yahoo.com <input type="checkbox"/> @ icloud.com <input type="checkbox"/> Other				
				<input type="checkbox"/> @ gmail.com <input type="checkbox"/> @ yahoo.com <input type="checkbox"/> @ icloud.com <input type="checkbox"/> other				

EMERGENCY CONTACTS	Relationship:		Relationship:	
	Contact Name #1:		Contact Name #2:	
	Cell Phone:		Cell Phone:	
	Name of Pedritician:		Phone Number:	
	Address:			

PROGRAMS	MONTHS	SESSIONS	EXTENDED CARE OPTIONS
	<input type="checkbox"/> JULY (6/30- 7/25) - <i>payment due when application is submitted.</i>	<input type="checkbox"/> Full Day Session (8:45 AM – 3:15 PM) Monday to Friday	<input type="checkbox"/> Before Care (8:00 AM – 8:45 AM) Monday to Friday
	<input type="checkbox"/> AUGUST (7/28 – 8/15) - <i>payment due 7/11</i>	<input type="checkbox"/> Morning Session (8:45 AM – 11:30 AM) Monday to Friday	<input type="checkbox"/> Aftercare (3:45 PM – 6:00 PM) Monday to Friday
<input type="checkbox"/> BOTH (JULY & AUGUST) (6/30 – 8/15)	<input type="checkbox"/> Afternoon Session (12:30 PM – 3:15 PM) Monday to Friday		

SUNSCREEN AUTHORIZATION FORM

All sunscreen products must be provided in the original container by the parent(s) and clearly labeled with the child's full name and given to your child's teacher.

*Never leave sunscreen within a child's reach.

All sunscreens must be hypo-allergenic and have a minimum SPF of 30.

(AEROSOL SUNSCREEN SPRAYS ONLY.)

I, _____ parent
(First name, Last name)

of _____ do hereby authorize
(First name, Last name)

Little Flower Montessori staff to topically apply sunscreen to

My child, _____.

Name of Sunscreen Authorized: _____

Parent Authorization noting any known adverse reactions: _____

I will NOT hold Little Flower Montessori School and/or its staff responsible in the event of any adverse reaction resulting from the application of this sunscreen.

Parent Signature

Date