



Little Flower Montessori School

2 Kilmer Road, Edison New Jersey 08817

Phone: (732) 339-9041

(732) 339-0909

Fax: (732) 339-9042

www.littleflowermontessorischool.com

APPLICATION FOR SUMMER 2022

For Office Use Only

Check #: _____

Amount: _____

Class: 1 2

Session: AM PM FD

Sibling: Y N

Today's Date _____

Name of Student _____ Sex ____ Age ____ Date of Birth _____

Student's Address _____

Street

City

State

Zip Code

Father's Name _____ Cell Phone _____

Business Phone _____ Email Address _____

Mother's Name _____ Cell Phone _____

Business Phone _____ Email Address _____

Name of Pediatrician _____ Phone _____

Name and telephone # for Emergency Contacts :(other than parents)

1. _____ 2. _____

*Please indicate if your child has any food allergies: _____

INDICATE THE PROGRAM IN WHICH YOU WOULD LIKE TO ENROLL YOUR CHILD

SUMMER SESSIONS

___ July (July 5th – July 29th) ___ August (August 1st – August 19th)

___ Tutoring (Kindergarten thru grade school only)

___ Full Day Session

Mon - Fri (8:45 AM – 3:15 PM)

___ Morning Session

Mon - Fri (8:45 AM – 11:30 AM)

___ Afternoon Session

Mon - Fri (12:30 PM – 3:15 PM)

EXTENDED CARE

___ Before Care

Mon - Fri (8:00 AM – 8:45 AM)

___ Aftercare

Mon - Fri (3:15 PM – 6:00 PM)

A Little Flower Montessori School Summer Camp T-Shirt will be required to wear on all field trips, please submit an additional \$10.00 payment. Students will not be allowed to attend without t-shirt.

Select the Size: 2t-3t X-Small (4-5) Small (6-8) Medium (10-12)

PAYMENT SCHEDULE

Month

Payment Due Date

July (July 5th – July 29th) ----- When enrollment form is submitted

August (August 1st – August 19th) ----- Friday, July 15th

Signature of Parent: _____