



Head Start Montessori School

Love for Learning; Success for Life
Established Since: 2002



Dear Parent,

Welcome to another year of Summer Day Camp at Head Start Montessori School. It gives us great pleasure to inform you that we are now starting registration for July and August 2014.

We are even more excited that Summer Camp will run at our NEW LOCATION this year, between Monday July 7th and Friday August 29th, 2014.

Summer Camp will involve a variety of activities including: Arts & Crafts, in house field trips, pool days, picnics and loads of summer fun!

Please review the information, and hand in your registration by Friday May 2nd, 2014.

Thank you,

Naureen Shah & Sara Alvi
Directors
Head Start Montessori School

2235 SHEPPARD AVE EAST, TORONTO, ONTARIO M2J 5B5 Tel: (416) 756 7300 Fax: (416) 756 9019
info@heastartmontessori.ca www.headstartmontessori.ca

DIVISION OF STAR & MAPE INC.



HEAD START MONTESSORI SCHOOL

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SUMMER CAMP

Fee Schedule & School Hours

	<u>TODDLER HALF DAY</u> <u>(18months-3 yrs)</u>	<u>TODDLER FULL DAY</u> <u>(18months-3 yrs)</u>	<u>CASA HALF DAY</u> <u>(3-6yrs)</u>	<u>CASA FULL DAY</u> <u>(3-6yrs)</u>	<u>EXTENDED CARE</u> <u>5-6pm</u>
July 7-11	\$220	\$275	\$220	\$250	\$20
July 14-18	\$220	\$275	\$220	\$250	\$20
July 21-25	\$220	\$275	\$220	\$250	\$20
July 28-Aug 1	\$220	\$275	\$220	\$250	\$20
August 5-8	\$175	\$220	\$175	\$200	\$15
August 11-15	\$220	\$275	\$220	\$250	\$20
August 18-22	\$220	\$275	\$220	\$250	\$20
August 25-29	\$220	\$275	\$220	\$250	\$20

Before School Program	7:30 a.m. – 8:30 a.m.	NO EXTRA FEE
School Hours	8:30 a.m. – 3:30 p.m.	
After School Program	3:30 p.m. – 5:00 p.m.	NO EXTRA FEE
Extended Care	5:00 p.m – 6:00 p.m.	\$20 per week

Sibling Discount

10% discount is given on fees for the second child from the same family attending the same year.

OFFICE COPY

Please complete the following for Summer Camp Registration and return it to the office with a post dated cheque for July 1, 2014 and/or August 1, 2014. Availability is limited and students will be registered in the order the registration is received.

Childs Name:

Last Name:	First Name:
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Please circle the weeks attending:

	<u>TODDLER HALF DAY</u> (18months-3 yrs)	<u>TODDLER FULL DAY</u> (18months-3 yrs)	<u>CASA HALF DAY</u> (3-6yrs)	<u>CASA FULL DAY</u> (3-6yrs)	<u>EXTENDED CARE 5-6pm</u>
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WE THE PARENT (S)/GUARDIAN(S), ACKNOWLEDGE THAT THERE IS NO REFUND OR REDUCTION IN FEE IN CASE OF WITHDRAWAL, DISMISSAL, ABSENCE, CANCELLATION OR NON-ATTENDANCE.

Total Received (Cheque #) _____ Date: _____

Signature: _____ Date: _____

Director's Signature: _____ Date: _____