



Christopher Academy
 510 Hillcrest Avenue
 Westfield, New Jersey 07090-1365
 Phone (908)233-7447
 Fax (908)322-4616

**Summer Montessori Program Registration Form 2018
 Westfield Campus**

Child's Name _____
 Address _____ City/State _____ Zip _____
 Phone _____ Date of Birth _____
 Parent #1 _____ Business Phone _____
 Parent #1 Email _____
 Business Address _____ City/State _____
 Parent #2 Name _____ Business Phone _____
 Parent #2 Email _____
 Business Address _____ City/State _____
 Pediatrician (Name & Phone) _____
 Allergies _____
 Sight, Hearing or Speech Defects _____
 Social Adjustments _____
 Emergency Contact _____ Phone _____
 Address _____ City/State _____
 Emergency Contact _____ Phone _____
 Address _____ City/State _____

Please include a \$50 Registration fee for **each** weekly session with this application. This Fee is refundable up to May 1, 2018. This Registration fee is applied toward the final tuition. Full Payment is due by June 1, 2018. **Enrollment is contingent on a 2 week minimum; however, additional weeks may be added if space permits.**

Please indicate below which session and weeks you would like:

_____ **2 days (M, W)**

June 25 _____ July 9 _____ July 16 _____ July 23 _____ July 30 _____



_____ **2 days (T, TH)**

June 26 _____ July 3 _____ July 10 _____ July 17 _____ July 24 _____ July 31 _____



_____ **4 days (M through TH)**

June 25 _____ July 2 _____ July 9 _____ July 16 _____ July 23 _____ July 30 _____

***Please forward your check and registration form to:
 Christopher Academy, 510 Hillcrest Avenue, Westfield, New Jersey 07090**