

Fountainhead Montessori School

Orinda - 2008 Summer School

Fountainhead offers programs for children from 2 – 6 years of age. Childcare is available before and after class. You can have anywhere from 2 days to full-time attendance in each session.

**Fountainhead DOES NOT charge any hidden fees.
 No application fees, No materials fees, No enrollment fees,
 No diapering fees or toilet training required, No work commitments, No fund raising
 Prices include a morning & afternoon snack**

Tuition

Prep (2 yrs – 3 ½ yrs)

Class Times Daily Rate

9am-12pm \$55

Hourly childcare available before and after class at \$11.00 per hour

Maximum monthly rate of \$2000 for unlimited class and childcare 7am-6pm

Half Day Preschool (3 – 5 yrs)

Class Times Daily Rate

9am-12pm \$49

Hourly childcare available before and after class at \$10.20 per hour

Maximum monthly rate of \$1850 for unlimited class and childcare 7am-6pm

Half and Full Day Pre Kindergarten/Kindergarten & Extended Day (4 – 6 yrs)

Class Times Daily Rate

9am-12pm \$49

12pm-3pm \$35

Hourly childcare available before and after class at \$10.20 per hour

Maximum monthly rate of \$1850 for unlimited class and childcare 7am-6pm

2008 Summer School Schedule

Session #1 July 1 st – July 25 th				
M	T	W	TH	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25

Session #2 July 28 th – August 20 th				
M	T	W	TH	F
28	29	30	31	1
4	5	6	7	8
11	12	13	14	15
18	19	20		

Tuition Policies

- Session #1 will be billed June 1st and is due June 15th. Session #2 will be billed July 1st and is due on July 15th
- 2% late fee applied to unpaid balance after the 18th of June or July. Returned checks subject to \$50 charge plus applicable late fees.
- Please enroll as soon as possible to ensure enrollment. Once enrolled there are no compensatory days for days missed. In the event that you wish to withdraw your child from school, you must give **30 days** written notice in advance or pay for 30 days of tuition.
- Enrollment for Fall is separate; please contact the office for details and availability.
- If a family enrolls more than one child in a full-time program, we offer a 10% tuition discount for the lesser tuition of the second and succeeding children.

Administrative Office • Fountainhead Montessori School

6665 Amador Plaza Road, Dublin, CA 94568

Mailing Address: P.O. Box 2786, Dublin, CA 94568

Phone: 925.820.1343 • Fax: 925.820.9193 • Email: info@fountainheadmontessori.org

ORINDA Summer School Enrollment Forms

Please circle the days you would like for each session. Mail each session enrollment form back to us by their respective due dates. To ensure placement Session #1 enrollment is due by May 15th, Session #2 enrollment is due by June 15th or you may send both forms at the same time. An invoice will be sent to confirm your enrollment.



Session #1

DUE: May 15th

ORINDA

PLEASE NOTE: Place an X the days you would like your child to attend 9-12
Circle the days you would like your child to attend 9-3

Session #1 July 1st – 25th

M	T	W	TH	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25

Requested Classes

- | | | |
|---|-----------|-------------|
| <input type="checkbox"/> Prep | Ages 2-3½ | 9-12 Class |
| <input type="checkbox"/> Pre-School | Ages 3-4 | 9-12 Class |
| <input type="checkbox"/> Pre-School | Ages 4-5 | 9 - 3 Class |
| <input type="checkbox"/> Pre-K/Kindergarten | Ages 4-6 | 9-12 Class |
| <input type="checkbox"/> Pre-K/Kindergarten | Ages 4-6 | 9 - 3 Class |

Child's First Name: _____

Child's Last Name: _____

Parent's First Name: _____

Parent's Last Name: _____

Address: _____

City/State/Zip: _____

Parent Phone: _____

Child DOB: _____

Parent's Signature: _____

Date: _____

Please mail to: P.O. Box 2786, Dublin, CA 94568
OFFICE USE ONLY: Confirmed Enrollment on: _____ by _____



Session #2

DUE: June 15th

ORINDA

PLEASE NOTE: Place an X the days you would like your child to attend 9-12
Circle the days you would like your child to attend 9-3

Requested Classes

- | | | |
|---|-----------|-------------|
| <input type="checkbox"/> Prep | Ages 2-3½ | 9-12 Class |
| <input type="checkbox"/> Pre-School | Ages 3-4 | 9-12 Class |
| <input type="checkbox"/> Pre-School | Ages 4-5 | 9 - 3 Class |
| <input type="checkbox"/> Pre-K/Kindergarten | Ages 4-6 | 9-12 Class |
| <input type="checkbox"/> Pre-K/Kindergarten | Ages 4-6 | 9 - 3 Class |

Session #2 July 28th – August 20th

M	T	W	TH	F
28	29	30	31	1
4	5	6	7	8
11	12	13	14	15
18	19	20		

Child's First Name: _____

Child's Last Name: _____

Parent's First Name: _____

Parent's Last Name: _____

Address: _____

City/State/Zip: _____

Parent Phone: _____

Child DOB: _____

Parent's Signature: _____

Date: _____

Please mail to: P.O. Box 2786, Dublin, CA 94568
OFFICE USE ONLY: Confirmed Enrollment on: _____ by _____