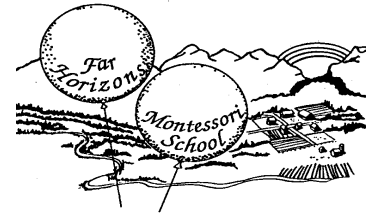


# Far Horizons Montessori School

Mail To:  
2490 Hilyard St.  
Eugene, Or. 97405



Phone: 541-485-0521  
Email: [fhms2011@live.com](mailto:fhms2011@live.com)

## 'Explore the Arts' CAMP 9:30 AM – 1:00 PM

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parents Names: \_\_\_\_\_

**\*\* Payment due at time of enrollment.**

### CAMPS

**Childcare 8 AM – 9:30 AM and 1 – 4 PM  
Must have times & dates \$4/hr.**

- |  |          |                      |                |
|--|----------|----------------------|----------------|
| <input type="checkbox"/> Week 1 June 19 - 22             | \$145.00 | Wk 1 AM Times _____  | PM Times _____ |
| <input type="checkbox"/> Week 2 June 25 – June 29        | \$145.00 | Wk 2 AM Times _____  | PM Times _____ |
| <input type="checkbox"/> Week 3 July 2 – 6 Closed July 4 | \$145.00 | Wk 3 AM Times _____  | PM Times _____ |
| <b>Closed July 9 - 13</b>                                |          |                      |                |
| <input type="checkbox"/> Week 4 July 16 – 20             |          | Wk 4 AM Times _____  | PM Times _____ |
| <input type="checkbox"/> Week 5 July 23 – 27             | \$145.00 | Wk 5 AM Times _____  | PM Times _____ |
| <input type="checkbox"/> Week 6 July. 30 – Aug. 3        | \$145.00 | Wk 6 AM Times _____  | PM Times _____ |
| <input type="checkbox"/> Week 7 Aug. 6 – 10              | \$145.00 | Wk 7 AM Times _____  | PM Times _____ |
| <input type="checkbox"/> Week 8 Aug. 13 – 17             | \$145.00 | Wk 8 AM Times _____  | PM Times _____ |
| <input type="checkbox"/> Week 9 Aug. 20– 24              | \$145.00 | Wk 9 AM Times _____  | PM Times _____ |
| <input type="checkbox"/> Week 10 Aug. 27 – Aug. 31       | \$145.00 | Wk 10 AM Times _____ | PM Times _____ |

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Indicate childcare needs for  June 18 (all day) \_\_\_\_\_

Enclosed Payment Amount \_\_\_\_\_