



Arbor Montessori School

RESERVATION FORM SCHOOL YEAR 2010-2011

Please read carefully! Complete and return this form with a check for your first tuition payment of one-tenth of your annual tuition. This first payment is non-refundable. (*Registration deadline: February 1, 2010*)

Child's Name _____ Current Class _____

Check appropriate program:

- | | | | | |
|---|----------|------------------------------------|----------------------------------|------------------------------------|
| _____ Primary class-- half day (3's & 4's) | \$ 7,440 | <input type="checkbox"/> Emory 1 | <input type="checkbox"/> Emory 2 | <input type="checkbox"/> LaVista 1 |
| _____ Primary class-- full day (5's) | \$ 8,940 | <input type="checkbox"/> Emory 1 | <input type="checkbox"/> Emory 2 | <input type="checkbox"/> LaVista 1 |
| _____ All-day Primary class at LaVista | \$12,980 | <input type="checkbox"/> LaVista 2 | | |
| _____ Lower Elementary class | \$10,290 | <input type="checkbox"/> 1st | <input type="checkbox"/> 2nd | <input type="checkbox"/> 3rd |
| _____ Upper Elementary class (4 th & 5 th) | \$10,720 | <input type="checkbox"/> 4th | <input type="checkbox"/> 5th | |
| _____ Upper Elementary class (6 th) | \$11,220 | | | |
| _____ Middle School | \$14,970 | | | |
| _____ Not returning because: _____ | | | | |

Name and address for tuition billing:

Phone: _____

Signature

Date

Please return with check payable to Arbor Montessori School, 2998 LaVista Road, Decatur, GA 30033

For Office Use: Check No. _____ Amount \$ _____ Date _____