



Summer CAMP

Sign up Sheet

We would like our child(ren) to join in the summer camp:

Child's name:	July 6 to July 10 at 'Hof Kleinenberg' Ages: 3 to 11

Payment:

- Please find enclosed the Holiday Camp fee of 265€ per week/ per child in a named and sealed envelope.
- We have transferred the Holiday Camp fee of 265€ per week/per child to the International Montessori 'Hof Kleinenberg', KBC bank account BE92-7340-2360-1523 on ___-___-2020 (Please attach a copy of the transfer, thank you)

We understand that the fee is non-refundable.

Date: __ / __ / 2020

Parent's Signature: _____



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