



# Montessori Day School of Brooklyn

## Additional Hours/Days Student Form

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent(s) name(s): \_\_\_\_\_

Hours/Days Added:

\_\_\_\_\_  
\_\_\_\_\_

**Cost per hour: \$10**  
**Cost per day: \$90**

**Total Cost: \_\_\_\_\_**

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

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_