



ACORN TO OAK

A Learning Playgroup

Taught by a Montessori-certified Infant & Toddler Teacher

A short **orientation meeting** for parents only prior to the beginning of each session is listed below. At least one parent should attend.

If you have questions, please contact Helena Eddings at (419) 866-1931. To enroll, please send the registration slip with payment to West Side Montessori, 7115 W. Bancroft St., Toledo, OH 43615.

You may arrange with the instructor to make-up one missed class due to illness or travel.

Fall Session	0-17 months 9-10:30am	18-40 months 9-11 am
Adult only orientation Thursday, Sept. 21 7-8 p.m.	Monday Sept. 25- Dec 4 <i>(no class Oct. 16, Nov 13, Nov 27)</i> Cost: \$158	Tuesday Sept. 26 - Nov. 28 <i>(no class Oct. 17, Nov 14)</i> Wednesday Sept. 27 - Dec. 6 <i>(no class Oct. 18, Nov 15 or Nov. 22)</i> Thursday Sept. 28 - Dec. 7 <i>(no class Oct. 19, Oct 26 Nov. 23)</i> Friday Sept. 22- Dec. 15 <i>(no class Oct. 13, Oct 20, Oct. 27, Nov. 24, Dec 1)</i> Cost: \$176
Winter Session	0-17 months 9-10:30am	18-40 months 9-11 am
Adult only orientation Thursday, Jan. 4 7-8 p.m.	Monday Jan. 8 - March 19 <i>(no class Jan. 15, Feb. 19 or March 12)</i> Cost: \$158	Tuesday Jan. 9 - Feb. 27 Wednesday Jan. 10 - Feb. 28 Thursday Jan. 11 - March 1 Friday Jan. 12 - March 2 Cost: \$176

Spring Session	0-17 months 9-10:30am	18-40 months 9-11 am
Adult only orientation Tuesday, March 13 7-8 p.m.	Monday March 26 - May 22 <i>(No class April 2)</i> Cost: \$158	Tuesday March 27 - May 22 <i>(No class April 3)</i> Wednesday March 28 - May 23 <i>(No class April 4)</i> Thursday March 15 - May 24 <i>(No class March 22 or April 5)</i> Friday March 16 - June 1 <i>(no class March 23, March 30, April 6 or May 4)</i> Cost:\$176



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2017-2018 Registration Form

Classes fill quickly. Registration in one session doesn't guarantee registration in the next session.

Please fill out a registration form for each session you wish to attend.

Child's Name: _____ Birth date: _____

Parents' Names:* _____ Phone: _____

Address: _____

Street

City

State

Zip

Email Address: _____

Session Selection *(check session choice):*

<u>Fall</u>	Monday	Tuesday	Wednesday	Thursday	Friday
<u>Winter</u>	Monday	Tuesday	Wednesday	Thursday	Friday
<u>Spring</u>	Monday	Tuesday	Wednesday	Thursday	Friday

Does your child have any allergies? (If so, please list.) _____

**If an adult other than a parent plans to accompany the child, please include contact info below.*

Name: _____ Phone: _____

Contact Helena Eddings at (419) 866-1931 or heddings@montessoritoleado.org for more information.

Please return a copy of the registration form with check payable to West Side Montessori.

Limited financial aid may be available to families needing assistance with the program cost.