

**ENROLLMENT APPLICATION**

**PLEASE COMPLETE THIS SECTION**

**in order of preference (1) first choice (2) second choice (3) third choice, etc.**

**FULL DAY**

7 AM – 6 PM

Date Received \_\_\_\_\_

**HALF DAY PROGRAM**

AM (8:00 – 11:15)

Deposit Amount \_\_\_\_\_

PM (12:00 – 3:15)

PM EXTENDED (12:00 – 6 PM)

**PAYMENT CHOICE:**

Child Starting Date: \_\_\_\_\_

monthly

prepaid annually 5% discount

Child's name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: Male  Female

Parent or guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Best # to reach you at: \_\_\_\_\_

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

Father's occupation: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's occupation: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Child living with: Both Parents  Mother  Father  Other

Health: general condition: \_\_\_\_\_

Any known birth injuries/physical handicaps? \_\_\_\_\_

Vision: \_\_\_\_\_ Hearing: \_\_\_\_\_ Allergies: \_\_\_\_\_

Any health conditions in family having influence on child? \_\_\_\_\_

Siblings & their ages: \_\_\_\_\_

Previous school attended: \_\_\_\_\_

Referred by: \_\_\_\_\_

What are your reasons for choosing a Montessori school? \_\_\_\_\_

Signatures: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

**A \$75.00 deposit must accompany this enrollment application.**