

# Enrollment Application Form

For the \_\_\_\_\_ School Year

Student's Full Name: \_\_\_\_\_  
(First) (Last) (Middle)

Sex:  Boy  Girl Birthdate: \_\_\_\_\_ Child's age on school start date: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Home phone: \_\_\_\_\_

## Father/Stepfather/Male Guardian's Information:

Name: \_\_\_\_\_  
(Last) (First)

Home address (if different): \_\_\_\_\_

Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Additional Phone #: \_\_\_\_\_

Work hours: \_\_\_\_\_

Email address: \_\_\_\_\_

## Mother/Stepmother/Female Guardian's Information:

Name: \_\_\_\_\_  
(Last) (First)

Home address (if different): \_\_\_\_\_

Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Additional Phone #: \_\_\_\_\_

Work hours: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Child resides with (mark all that apply):  Both parents  Mother  Father  Guardian  Other

Parent's marital status (mark all that apply):  Married  Separated  Divorced  Single  Other

Financial responsibility for the child will be assumed by: \_\_\_\_\_

How did you hear about Schoolhouse Montessori Academy? \_\_\_\_\_

To register your child, complete this application, sign and return with a \$500 registration fee (make checks payable to Schoolhouse Montessori Academy). Return form to the address listed below and a copy will be returned to the parents or guardians.

This registration fee is applied to the annual tuition and that this fee is non-refundable unless Schoolhouse is notified in writing within 3 business days. If Schoolhouse is not able to enroll the above-named student, the tuition deposit shall be refunded. Admission is open to all individuals regardless of race, sex, religion, disability or national origin.

## Session Preference:

Children in the half-day program are also eligible for AM/PM child care. For instance, AM half-day with AM child care or PM half-day with PM child care. Please mark all that apply:

Elementary (6-12yrs)  Pre-Primary (3-6yrs)  Toddlers (18mos-3yrs)  Infants (6wks-18mos)  AM Half-day  PM Half-day  Full Day  AM Child Care  PM Child Care

**Payment Plan** (mark one):  1  2  3 (Refer to the Tuition Schedule for more information)

**Application for:** Current school yr. \_\_\_\_\_ or wait list \_\_\_\_\_ Start date: \_\_\_\_\_

**FOR OFFICE USE ONLY:** Deposit Received: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_