

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: _____