

APPLICATION FOR ENROLLMENT

Classroom:				
Schedule:				
Child's Name				
Last	First	M.I.	Name Used	
Birth date	Boy()	Girl()		
Home Address				
	Home	Home Telephone		
Child's Date of Birth:				
Mother's name (home tel	lephone and address if	different)		
Mother's Business				
Address		Telephone		
Occupation	Position/	Position/Title		
Father's Business Address		Telephone		
		Telephone Position/Title		
Child lives with: Parents(() Mother() Fa) Please specify	ther() Gu	ardian()	
If child resides with stepp		the followin	g:	
Address		Telephone		
Occupation				

Is child adopted? _____ If so, does the child know? _____ List names and dates of schools previously attended: How did you learn about Montessori Schoolhouse? What are your expectations for your child at our school? AGREEMENT AND ACCEPTANCE I understand that a personal interview is part of the admission process and I agree to abide by the policies of the Montessori Schoolhouse. Mother or Guardian Initials: Date_____ Father or Guardian Initials: Date_____ Please click: I authorize Montessori Schoolhouse to process the payment of the Initial Registration Fee (This fee is not reimbursable in the event of Enrollment Cancelation by the student's parent (s) or quardian. The Initial registration fee secures the spot of the child in the school for the requested enrollment date. **PAYMENT INFORMATION:** NAME ON CARD: CARD NUMBER: Please select your enrollment option: EXP. DATE:

AMOUNT: \$300 School Year Agreement \$500 Month to Month option.

ONLY FOR NEW STUDENTS: