

APPLICATION FOR ENROLLMENT

Please check the program desired:

- Montessori School
(9:00 - 12:00)
- Montessori School Extended Day Program
(8:00 - 4:30)
- Montessori School Full Day Program
(8:00 - 5:30)

Please check the payment plan desired:

- Annual (1 payment) - due August 1
- Semester (2 payments) - due Aug 1 & Dec 1
- Installment Plan - due the 1st of each month
from August 1 through May 1

Desired Start Date: _____ 20____
We agree that our name, address and home phone will be listed on the Class Roster Yes _____ No _____

Child's Name: _____ Nickname: _____ Sex: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Age: _____ Toilet Trained? Y N
Child lives with: _____
Languages spoken at home: _____
Name and ages of siblings: _____

Previous school experience (where and how long): _____
Child's Present School: _____ Reason for leaving: _____
School's Phone Number: _____ Address: _____

General statement of the child's physical health (include allergies, etc): _____

Father's Full Name: _____ Age: _____
Employer: _____ Occupation: _____
Business _____ Work Phone: _____
Address: _____ Cell Phone: _____
Mother's Full Name: _____ Age: _____
Employer: _____ Occupation: _____
Business _____ Work Phone: _____
Address: _____ Cell Phone: _____

If parents are divorced or separated, to whom should all school correspondence be sent? _____

Is there a Custody Court Order agreement? _____ (a copy is required at enrollment)

From what source did you hear of the Holly Brook Montessori School? _____

Signature

Date

FOR OFFICE USE ONLY

Application fee received: \$ _____ Date _____	Deposit received: \$ _____ Date _____
Date of Entrance: _____ Ck # _____	Final School Date: _____ Ck # _____
Identity Verification: DOB: _____	By: _____ Date Issued: _____
Place of Birth: _____	Birth Certificate #: _____