

Montessori Academy LLC

801 N 111th Street, Lafayette, CO 80026

Enrollment Form 2010-2011

Child's name _____

Age _____ Date of Birth _____ Sex _____ Home phone _____

Age at time of school entrance will be _____ years _____ months

Parent or Guardian name _____

Address: _____

Home Phone: _____ Cell Phone _____

Profession: _____ Business Phone _____

Employer _____

Email _____

Parent or Guardian name _____

Address: _____

Home Phone: _____ Cell Phone _____

Profession: _____ Business Phone _____

Employer _____

Email _____

Emergency contacts if parents cannot be reached:

1. _____ Address _____ Phone _____

2. _____ Address _____ Phone _____

3. _____ Address _____ Phone _____

Does your child have any special needs we should be aware of: (allergies, diet, health, behavior etc.)

Does your child have any birthmarks we should be aware of:

The following person(s) are authorized to pick up my child:

1. _____ Address _____ Phone _____

2. _____ Address _____ Phone _____

3. _____ Address _____ Phone _____

Names of persons to whom the child may NOT be released: _____

I would like my name, address, and phone number included in a parent roster, given to all parents.

I agree photos of my child may be taken at school or on field trips for scrap booking, promotions or public relations (e.g. website, newspaper articles, brochures etc.)

\$120 supply fee and a \$ _____ tuition deposit are due with this application.

The supply fee and the tuition deposit are non-refundable. Please initial _____

Enrollment is for: 8:30-11:30 11:30-3:30 11:30-1:00 3:30-4:30 3:30-5:30
(Please circle) M-Th or M-F M Tu W Th F M Tu W Th F M Tu W Th F M Tu W Th F

I understand that Montessori Academy reserves the right to discontinue services to any child should Montessori Academy determine the relationship between family and school to be one which undermines the well being of either the school or the child.

I will give 90 days notice from the beginning of a month, if for any reason I decide to withdraw my child from school.

I understand I am required to pay tuition for these 90 days. Please initial _____

Parent Signature: _____ Date _____