

Montessori Academy LLC
 801 N 111th Street, Lafayette, CO 80026
 Enrollment Form Summer 2009

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 _____

Parent or Guardian name _____
 Address: _____
 Home Phone: _____ Cell Phone _____
 Profession: _____ Business Phone _____
 Employer _____

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:

- 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.)

The following person is authorized to pick up my child:

_____ Address _____ Phone _____

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

Enrollment is for: (Please circle)

	Half Day 8:30- 11:30	Lunch 11:30- 1:00	Afternoons 11:30- 3:30	Aftercare: 3:30- 4:30
June 1-5	M Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F
June 8- 12	M Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F
June 15 -19	M Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F
June 22- 26	M Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F
June 29-July 3	M Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F
July 6-10	M Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F
July 13-17	M Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F
July 20-24	M Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F
July 27-31	M Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F
Aug 3-7	M Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F
Aug 10-14	M Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F

Parent Signature _____ Date _____