



Child's View

Montessori School, Inc.

ELEMENTARY ENROLLMENT APPLICATION

To enroll your child in the Summer Elementary Program please complete this form and return it to Child's View with the \$25.00 registration fee and deposit equal to one week's tuition. The tuition deposit reserves your child's place for the weeks indicated and is applicable to the last week of attendance. Enrollment is open to any child, regardless of ethnicity, nationality, or religion.

STUDENT NAME: _____ **BIRTHDATE:** _____

PARENT NAME: _____ **HOME #:** _____ **E-MAIL:** _____

ADDRESS: _____
STREET CITY STATE ZIP

EMPLOYER: _____ **WK#:** _____ **ALT#:** _____

PARENT NAME: _____ **HOME #:** _____ **E-MAIL:** _____

ADDRESS: _____
STREET CITY STATE ZIP

EMPLOYER: _____ **WK#:** _____ **ALT#:** _____

Information helpful in caring for your child: (Upon enrollment you will have the opportunity to fill out a questionnaire on your child, but in the meantime please list any immediate concerns or special needs we should be aware of.)

Circle selections below:

WEEKLY SCHEDULE: 8:30-1:00 (\$135) / 8:30-3:00 (\$175) / 8:30-6:00 (\$195)

EARLY ARRIVAL: 7:30-8:30 (\$20)

WEEKS REQUESTED: (circle) 1 2 3 4 5 6 7 8 9 10 (see attached dates)

ADVANCED TUITION DEPOSIT DUE: \$ _____ (equal to one week's tuition)

I request and agree to the above schedule and tuition. I understand and agree that the advanced tuition deposit is nonrefundable and scheduled weeks are nontransferable. In the event my child does not attend the weeks indicated, the deposit will be forfeited. Deposit is applied to final scheduled week of attendance provided all fees have been paid.

Parent Signature

Date