Good Neighbor Montessori

Application for Enrollment

Child's Name_____ Birth Date_____
First Middle Last

Nickname_____ ( ) Male ( ) Female Age_____

Mother's Name_____ Home Phone_____

Mother's Full Home Address_____

Mother's Employer_____ Work Address_____

Work Phone _____ Cell/Pager_____ Occupation_____

Mother's Email_____

Father's Name_____ Home Phone_____

Father's Full Home Address_____

Father's Employer_____ Work Address_____

Work Phone _____ Cell/Pager_____ Occupation_____

Father's Email_____

How did you hear about our School?_____

Name of Child's Previous School_____

Address_____ Phone_____

Reason for Leaving_____

Child's Siblings_____ Age_____

Desired Start Date_____ Days: M T W TH F Hours _____

Are these flexible? ( ) Yes ( ) No If yes, how so?_____

A non-refundable application fee of $75.00 is due with submission of this form. If you child must be placed on a waiting list, this application will be valid from one year of submission. Please return this form with the $75.00 application fee to our office. On acceptance for enrollment, there will be an additional non-refundable $100.00 registration fee. An interview with your child may be required.

Parent's Signature_____ Date_____

For Office Use Only: $75.00 Fee Paid? ( ) Yes Date Received_____
Approved? ( ) Yes ( ) No Date_____Starting Date_____