

APPLICATION FOR MONTESSORI COUNTRY DAY

Child's Full Name: _____
Nickname _____ Gender _____
Birth Date _____ Age _____
Social Security Number _____
Address _____
Phone _____
Insurance Carrier _____ Policy # _____

Mother's (Guardian's) Name _____
Address _____
Home Phone _____ Work Phone _____
Email _____ Cell Phone _____

Father's (Guardian's) Name _____
Address _____
Home Phone _____ Work Phone _____
Email _____ Cell Phone _____

Please circle preferred schedule for your child.

Monday thru Friday

Early Morning Care Full Day Extended Day
Morning Program

4 Days a Week

Monday Tuesday Wednesday Thursday Friday
Early Morning Care Full Day Extended Day

3 Days a Week

Monday Tuesday Wednesday Thursday Friday
Early Morning Care Full Day Extended Day

2 Days a Week

Monday Tuesday Wednesday Thursday Friday
Early Morning Care Full Day Extended Day

Montessori Country Day accepts children aged 18 months through Pre-Kindergarten regardless of race, creed or ethnic origins.

Please enroll my child at Montessori Country Day for the programs selected above. I understand that the \$30.00 registration fee is required upon submission of application and is non-refundable.

Signature of Parent/Guardian _____

Date _____

Enrollment date _____

