

APPLICATION FOR MONTESSORI FOOTPRINTS LEARNING CENTER

Child's Full Name: _____ Nickname: _____

Birthdate: _____ Age: _____ Sex: _____

Address: _____

Insurance Carrier: _____ Policy #: _____

Parent/Guardian's Name: _____ Cell Phone: _____

Address: _____

Work Phone: _____ E-Mail: _____

Parent/Guardian's Name: _____ Cell Phone: _____

Address: _____

Work Phone: _____ E-Mail: _____

*Preferred start date: _____

*Please circle preferred schedule for your child:

Monday thru Friday

Early Morning Care Full Day Extended Day

Morning Program (Dismissal after lunch)

4 Days a Week

Monday Tuesday Wednesday Thursday Friday

Early Morning Care Full Day Extended Day

Morning Program (Dismissal after lunch)

3 Days a Week

Monday Tuesday Wednesday Thursday Friday

Early Morning Care Full Day Extended Day

Morning Program (Dismissal after lunch)

Please enroll my child at Montessori Footprints Learning Center in the program selected above. I understand that there is a \$30.00 non-refundable registration fee that is required with the submission of this application.

X _____
Signature of Parent/Guardian

Sign Date

Enrollment Date

Montessori Footprints Learning Center accepts children aged 15 months through Pre-Kindergarten regardless of ethnic origins, race, creed, or disability.