

# Academy Montessori Preschool, Inc.

Since 1987

## Preschool Enrollment Agreement for School Year 10-11

This form is to be completed by the parent, guardian, or other legally responsible person. **PLEASE PRINT.**

### Student Information

Student Full Name: \_\_\_\_\_  M  F

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Second Address (if applicable): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



### Parent/Guardian Information

Mother's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Enrollment

Academy Montessori Preschool, Inc. does not discriminate in admission, financial aid, educational program, or other school programs on the basis of race, color, national or ethnic origin, gender, religion, or family income. We understand that our child will be enrolled for the entire school year. **Thirty days advance notice in writing is required for early withdrawal.** We understand the policies of Academy Montessori Preschool Inc., as stated in the handbook, and we agree to them.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academy Montessori Preschool, Inc. \_\_\_\_\_ Date: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_ Date of Disenrollment: \_\_\_\_\_