

Academy Montessori Preschool, Inc.

Since 1987

Toddler 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: _____