

APPLICATION FOR ENROLLMENT

STUDENT'S NAME: _____

Sex: M F Age: _____ Birth Date: _____/_____/20_____

Home Address: _____ Home Phone: _____

Father's Name: _____

Mother's Name: _____

Social Security: _____ - _____ - _____

Social Security: _____ - _____ - _____

ID/Driver's License #: _____

ID/Driver's License #: _____

Occupation: _____

Occupation: _____

Workplace Name: _____

Workplace Name: _____

Work Address: _____

Work Address: _____

Work Phone: _____

Work Phone: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email Address: _____

Email Address: _____

Tuition Program:

Full Time Program (more than 8 hours a day)

5 days per week 4 days per week 3 days per week

Montessori Full Time Program (8 hours a day)

5 days per week 4 days per week 3 days per week

Half Day Program (4 hours a day)

5 days per week 4 days per week 3 days per week

Average Daily Drop Off Time: _____ Average Daily Pick Up Time: _____

I (We) hereby apply for admission of my child to Discovery Montessori Preschool & Kindergarten (DMS) and have enclosed the required NON-refundable application fee of \$50.

Signed (Parent) _____ Date: _____

Signed (Parent) _____ Date: _____

For office use only

Date of Enrollment: _____ Last Day of Enrollment: _____