

Student Name		M / F		Start Date	
Address				Date of Birth	
City/State/Zip code			Phone		
Previous School/Preschool		Dates of Attendance		Current Grade Level	
Parent / Guardian			Parent / Guardian		
Employer			Employer		
Work Phone		Other Phone	Work Phone		Other Phone
E-mail			E-mail		
Driver's License #			Driver's License #		

*Authorized Escorts or Persons Authorized to Call in an Emergency*

Name	Relation	Address	Phone
Name	Relation	Address	Phone
Name	Relation	Address	Phone

*Montessori Parent / Provider Contract Program*

<b>PROGRAM REQUESTED</b>				<b>ADDITIONAL PROGRAMS</b>	
Infant/Toddler		Elementary		Before School Care	
Primary		Middle School		After School Care	
Kindergarten		High School		Language Immersion	

I agree to enroll my child in the above named program and I understand the cost of the program as listed above. I understand there is a one-time non-refundable application fee of \$100 and an annual non-refundable registration fee of \$200. I also understand that I must give one month written notice of withdrawal to apply the enrollment deposit to the final month of attendance.

I agree to provide a copy of my child's birth certificate, immunization records, previous school records, and a pre-admission physical in order for my child to attend Montessori Visions Academy.

I have read and understand the tuition, refund, and behavior policies set forth in the Montessori Visions Academy Parent Handbook and agree to abide by and comply with all the information set forth.

Montessori Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Director \_\_\_\_\_

