

Application for Enrollment



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

PROGRAM REQUESTED				ADDITIONAL PROGRAMS			
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 \$250. 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 Di	rector
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IMMUNIZATION INFORMATION

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REQUIRE	ED SHOTS	S: (<u>Must</u>	be viewed	d by scho	ol)							
Recorded wit	h: Docto	or:	Healt	h Dept.:		Military:						
Dates	DPT	HI	В РО	LIO	MMR	HEP B	I	HEP A	VARICELLA	PCV		Tdap
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	2	2	2	2		2	2			2	Т	
	3	3	3			3			•	3	7	
Boosters	4	4	4				_			4	7	
	5		5								_	
DPT - (Dipt	heria-Pertusis-Tet	anus) HIB - (Hae	mophilus Influenz	a Type B) MMR	- (Measles-Mur	mps-Rubella) Hep	В - (Нера	atitis B) Hep A	A - (Hepatitis A)			
		PCV - (S	tretococcus Pneun	noniae) Tdap	- (Bordetella I	Pertussis)						
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sthma / Hay	Favor		Diabet			Epilepsy			Whooping Cou			
		c to any f		ies		Ерперѕу			whooping Cou	gii		
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<u>Montesso</u> i	<u>ri Parent</u>	Signature						Da	te			
			PRE	E-ADMI	ISSION	N PHYSI	CAI	EXA	M			
Name of	Doctor of	r Health A	gency									
Doctor's							Phor	ne				
Date of E												
Results o	f Examin	ation										
						Signat	ure oj	f Physici	ian or Health	Agency I	Repre	sentat
П	A 45 .5	Dogistari	Financial	Handbook	CC	Immuniz	ation	Pre-Admit	Birth	School		
For	Application	Registration	Agreement		Form	Recor		Physical Physical	Certificate	Records		
School					1		\dashv				\dashv	

Use Only