

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 #		
Please indicate your military status: <input type="checkbox"/> Active duty <input type="checkbox"/> Veteran Branch: <input type="checkbox"/> No military service				

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 on the financial agreement. I understand there is a one-time non-refundable application fee and an annual non-refundable registration fee. I also understand that I must give one month written notice of withdrawal and pay through 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 \_\_\_\_\_ Head of School \_\_\_\_\_

