



STORYHEIGHTS

— MONTESSORI —

APPLICATION

Child's Name: _____ Desired Start Date: _____ / _____ / _____
MONTH DAY YEAR

Date of Birth: _____ / _____ / _____ Age: _____ Gender: M F Other
MONTH DAY YEAR

Contact Information

Name: _____ Relationship to Child: _____

Address (Home): _____ City: _____ Zip: _____

Phone (best): _____ Email: _____

Name: _____ Relationship to Child: _____

Address (Home): _____ City: _____ Zip: _____

Phone (best): _____ Email: _____

Siblings

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Applying For

Half Day Full Day

Infant	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Toddler	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary	<input type="checkbox"/>	<input type="checkbox"/>

Days Per Week

2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Intended years of enrollment: _____

Please enclose a non-refundable fee of \$55.00 with this application. This fee does not apply towards the tuition payment.
Make checks payable to: **StoryHeights Montessori**

Parent/Guardian Signature: _____ Date: _____

For Office Use: Fee Paid _____ Check No. _____ Date Rec'd _____ Initials _____