STARS
MONTESSORI ACADEMY

PRE-ENROLLMENT APPLICATION

Today's Date:_____ Desired Start Date:_____

Child's Name:_____
First Middle Last

Birth Date:_____ or Due Date:_____ Gender: ____M ____F

Address: _____
Street City Zip

Mother's Name: _____ Email: _____

Home Phone: _____Cell Phone: _____

Father's Name: _____ Email: _____

Address (if different than Mom's): _____

Home Phone: _____Cell Phone: _____

How did you hear about our school? _____

Please indicate the program(s) you are enrolling your child in:

Infants 6 weeks - 24 months:
Full Day AM(6:30-3.00) _____ Full Day PM(8:30-6:00) _____ Extended Day (6:30-6:00)_____

Desired Days of the Week _____

Pre-Primary 2-3:
Half Day (8:30-12:30) _____ Half Day AM(6:30-12:30) _____ Full Day (8:30-3:00)_____
Full Day AM(6:30-3.00) _____ Full Day PM(8:30-6:00) _____ Extended Day (6:30-6:00)_____

Desired Days of the Week _____

Primary 3-6:
Half Day (8:30-12:30) _____ Half Day AM(6:30-12:30) _____ Full Day (8:30-3:00)_____
Full Day AM(6:30-3.00) _____ Full Day PM(8:30-6:00) _____ Extended Day (6:30-6:00)_____

Desired Days of the Week _____

START DATE	REGISTRATION FEE PAID	CHECK OR CASH	ROOM ASSIGNMENT	SCHEDULE	ENROLLMENT PKT/HANDBOOK