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:

Toddlers 18mo -36mo:_____ Pre-Primary 2-3.5:_____ Primary 3-6:_____

Please indicate the schedule and days(s) you are enrolling your child in:

Half Day (8:30-12.30) _____ Academic Day (8:30-3.00) _____ Extended Day (7:00-6:00) _____

Desired Days of the Week: M___ T___ W___ TH___ F___

Lunch Program:

5 Day $70pm _____ 3 Day $42pm_____ 2 Day $28pm_____

Initial Fees payable upon registration (non-refundable):

Initial Registration fee: $150 individual…$200 family
Non-Refundable Deposit: $250 individual…$400 Family (will be applied against first month's tuition)
Material Yearly Fee: $150 (charged annually in September covering 10-month academic year)
Emergency Kit: $30

To be completed by Office Staff only:

Start Date: _____ Room Assignment: _____

Payment Type: _____ Schedule: _____

Admission Agreement Signed: _____

Transition Class: _____ Transition Date: _____