



# Application Form

Application date: \_\_\_\_\_ (mm/dd/yy)

Desired start date: \_\_\_\_\_ (mm/dd/yy)

## Student Information

Student's Last Name	First	Middle	Nickname
Current Age	Birth Date (mm/dd/yy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Sex	

## Program Selection – 1<sup>st</sup> Choice

<b>Class</b>	<input type="checkbox"/> Toddler (18-24mo) <input type="checkbox"/> Pre-K	<input type="checkbox"/> Preschool-2 <input type="checkbox"/> Kindergarten	<input type="checkbox"/> Preschool-3
<b>Program</b>	<input type="checkbox"/> Full-day	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.
<b>Days of the week</b>	<input type="checkbox"/> Mon - Fri	<input type="checkbox"/> Mon / Wed / Fri	<input type="checkbox"/> Tue / Thu
<b>Extended hours</b>	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening	<input type="checkbox"/> Morning & Evening

## Program Selection – 2<sup>nd</sup> Choice (if applicable)

<b>Class</b>	<input type="checkbox"/> Toddler (18-24mo) <input type="checkbox"/> Pre-K	<input type="checkbox"/> Preschool-2 <input type="checkbox"/> Kindergarten	<input type="checkbox"/> Preschool-3
<b>Program</b>	<input type="checkbox"/> Full-day	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.
<b>Days of the week</b>	<input type="checkbox"/> Mon - Fri	<input type="checkbox"/> Mon / Wed / Fri	<input type="checkbox"/> Tue / Thu
<b>Extended hours</b>	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening	<input type="checkbox"/> Morning & Evening

## Family Information

Mothers's Name	Phone	E-mail	
Father's Name	Phone	E-mail	
Home Street Address	City	State	Zip
Home Phone	How did you hear about Little Flowers Montessori?		

For School Use Only				
_____ Date Received	_____ Enrollment Start Date	_____ Class	_____ Check # / Amount	_____ Director Signature

***There is a \$50.00 non-refundable application fee. This fee does not guarantee enrollment. This fee will be credited towards the registration fee once space is allocated. Please make checks payable to "Little Flowers Montessori".***

***and submit the enrollment form with the registration fee. If the offered space is not accepted the child will be placed at the end of the waitlist.***

***We will be notifying families as spaces become available on or around the requested start date. We do our best to provide this offer one month in advance of your start date. Once you are offered space, you will be given 48 hours to accept***

_____ Signature of Parent or Guardian	_____ Date
_____ Signature of Director	_____ Date