

Montessori School at Goose Creek Preserve APPLICATION FOR ENROLLMENT 2018-2019

Please check the program desired:

- Montessori School
(8:45 - 12:00)
- Montessori School Extended Day Program
(7:30 - 3:30)
- Montessori School Full Day Program
(7:30 - 6:00)

Please check the payment plan desired:

- Annual (1 payment) - due August 1
- Semester (2 payments) - due Aug 1 & Dec 1
- Installment Plan - due the 1st of each month from August 1 through May 1

Desired Start Date: _____ 20 _____
 We agree that our name, address and home phone will be listed on the Class Roster Yes _____ No _____

Child's Name: _____ Nickname: _____ Sex: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Date of Birth: _____ Age: _____ Toilet Trained? Y N
 Child lives with: _____
 Languages spoken at home: _____
 Name and ages of siblings: _____
 Previous school experience (where and how long): _____
 Child's Present School: _____ Reason for leaving: _____
 School's Phone Number: _____ Address: _____
 General statement of the child's physical health (include allergies, etc): _____

Father's Full Name: _____ Age: _____
 Employer: _____ Occupation: _____
 Business _____ Best Phone: _____
 Address: _____ Email: _____
 Mother's Full Name: _____ Age: _____
 Employer: _____ Occupation: _____
 Business _____ Best Phone: _____
 Address: _____ Email: _____

If parents are divorced or separated, to whom should all school correspondence be sent?

Is there a Custody Court Order agreement? _____ (a copy is required at enrollment)
 From what source did you hear of the Montessori School at Goose Creek? _____

 Signature Date

| FOR OFFICE USE ONLY | |
|---|---------------------------------------|
| Application fee received: \$ _____ Date _____ | Deposit received: \$ _____ Date _____ |
| Date of Entrance: _____ Ck # _____ | Final School Date: _____ Ck # _____ |
| Identity Verification: DOB: _____ | By: _____ Date Issued: _____ |
| Place of Birth: _____ | Birth Certificate #: _____ |