

Montessori



ACADEMY OF FARMINGTON HILLS

Infant, Preschool, Kindergarten, Elementary
"Building a Foundation for a Bright Future"

2013-2014

Start Date: _____

Child's Name: _____		Birth date: _____	
NickName: _____		Boy: _____	Girl: _____
SS#: _____			
Child's Address: _____			
City: _____		State: _____	Zip: _____
Allergies / Food Restrictions: _____			
Parent names / Parent's name:			
_____		Phone #: _____	
Father			
_____		Phone #: _____	
Mother			
Social Security #: _____		_____	
mother		father	
Email Address: _____		_____	
mother		father	

We/I would like to enroll our/my child as follows:

- | | |
|--|------------------------|
| <input type="checkbox"/> Morning Session | 8:50 a.m.-11:45p.m. |
| <input type="checkbox"/> Extended Day Session | 8:50 a.m.-12:45 p.m. |
| <input type="checkbox"/> Full Day Session | 8:50 a.m. - 4:00 p.m. |
| <input type="checkbox"/> Full Day Session Kindergarten | 8:50 a.m. to 4:00 p.m. |
| <input type="checkbox"/> Full Day Session Elementary | 8:50a.m. to 4:00p.m. |

In Case our/my child needs care, this would be the approx. time:

- Before school care: 7:00 a.m. - 9:00 a.m. _____
- After school care: 4:00 p.m. - 6:00 p.m. _____

We/I would like our/my child to begin school:

 Month Year

How did you hear about Montessori Academy of Farmington Hills _____

Office use: Application Fee: \$175 paid per check # _____ or cash _____ date: _____