



Montessori School of Jonesboro

300 East Nettleton Avenue

Jonesboro, AR 72401

870-972-1890

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email: montessorijonesboro@gmail.com

APPLICATION FOR ENROLLMENT

Child's Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Phone # _____ Date of Birth _____

Father's Name _____ Cell phone # _____

Occupation _____ Work # _____

Mother's Name _____ Cell phone # _____

Occupation _____ Work # _____

Legal Guardian _____ Phone # _____

Family Status: Are both parents in the home? _____

Child's Doctor _____ Phone # _____

Physical limitation or health problem: _____

Allergies or other Food Restrictions: _____

Emergency contact other than parent _____

Authorized Escorts: _____

I wish my child to attend:

____ 5 days a week ____ 2 days a week

____ 4 days a week ____ 1/2 day, 5 days a week

____ 3 days a week ____ 1/2 day, 3 days a week

Check for the \$_____ Registration Fee is enclosed. This fee reserves a space for my child and is not refundable. No reductions are made in tuition for absences or illness.

I acknowledge that this application and registration fee was returned to the Montessori School of Jonesboro on:

Date: _____

Signature:

EMERGENCY TREATMENT RELEASE

In the event of an emergency, if treatment is necessary, I hereby give permission for my child to be taken tot the nearest doctor or hospital and agree to pay all fees in connection with such treatment or services.

Date _____

Signature of Parent or Guardian

Creating a Foundation For Education
www.montessorijonesboro.com