

Providence Montessori School House

STUDENT ENROLLMENT FORM- SCHOOL YEAR 2019-20

Today's date:

New Student Returning Student

STUDENT INFORMATION

Last Name:

First Name:

Middle

Birth date:

Age as of Sept 1, 2019:

Sex: M F

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Street address:

Primary Phone No.

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P.O. box:

City:

State:

ZIP Code:

Supplemental Care

- AM 7:00am – 8:00 am
- PM 3:00pm – 4:00 pm
- PM 3:00pm – 4:30 pm
- PM 3:00pm – 5:00 pm

Program Schedule: please indicate desired schedule

5 Full Days 8:30am – 3:00pm

5 Half Days 8:30am – 11:30am

3 Full Day 8:30 am – 3:00pm

3 Half Days 8:30am – 11:30am
Pre-Primary and Prep Only

*Requests for specific days of attendance may be indicated, but are not guaranteed.

PARENT INFORMATION

Parent Name:

Parent Email:

Primary Phone:

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Parent Name:

Parent Email:

Primary Phone:

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Special Arrangements or Requests:

Parent Signature

Date

School Administrative Use Only

Classroom Assignment:

Interview Date:

Entrance Date:

Sibling Discount: YES No

Other Discount:

Code word:

Application Fee:

Deposit: