Allen Montessori Academy

612 Pebblebrook Drive, Allen, TX 75002
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www.allenmontessori.org

ENROLLMENT APPLICATION

Child's Last Name:	First Name:	
Date of Birth:	Place of Birth:	
Child's SS#:	Mother's	Father's
Parent/Guardian Name(s):		
Address:		
Home Phone:	E-mail:	
Mother's Work Phone:	Mobile Phone:	
Father's Work Phone:	Mobile Phone:	
With Whom Does the Child Live: Both Parents___ Mother ___ Father___ Other If other please specify relationship: _____		
Mother's Employer and Address:		
Father's Employer and Address:		
List person's authorized to pick you child up from the Academy: Name and Phone:		
Name and Phone:		
Name and Phone:		

Transportation: I hereby give __ do not give __ my consent for my child to be transported by facility's staff ___on field trips ___ to the library ___ other nearby extra-curricular activities.

Water activities: I hereby ___ give ___ do not give my consent for my child to participate in water sports provided by the facility: ___ splashing or wading pools ___ swimming pools.

Before/After School Transportation: I hereby give consent for my child to be transported by AMA staff to and from (Name of School) _____

I have read and understand the AMA Parents Handbook. I understand that I am responsible for the registration fee, supply fees, late fees, annual re-enrollment fee and monthly tuition fees due by placing my child in Allen Montessori Academy. I have read and understand that it is my responsibility to give Allen Montessori Academy a 30-day written notice upon withdrawal of my child. I understand that if I fail to give one month written notification, I am responsible for the on month tuition due.

Signature of Guarantor_____ Date _____

Please consider my child for admission to the Allen Montessori Academy. I understand that I will be contacted regarding a date to be interviewed by a Director, at which time I will bring my child for observation. Upon acceptance by the Academy, I understand there is a registration fee, which guarantees my child's place in either the next academic year or other period if mutually agreed.
I acknowledge receipt of the **AMA Parent's Handbook**. I acknowledge I have read and understand **Enrollment Information.**

Signature _____ Date _____

FOR OFFICE USE ONLY				
Enrollment Date	Start Date	Teacher/Class		
Enrollment Fee	Supply Fee	Tuition	**Total Collected**	Check#
Parents D.L.#		School Official		