



StoryBook Hollow
MONTESSORI

Application for StoryBook Hollow Montessori

FOR SCHOOL YEAR: _____

New enrollment Re-enrollment

NAME OF CHILD _____
(last) (first) (middle)

DATE OF BIRTH _____ / _____ / _____ SEX Female Male

ADDRESS _____
(street) (city) (zip)

PARENT/GUARDIAN INFORMATION:

Parent 1

Name _____

Address _____

Home Phone _____

Cell Phone _____

Email _____

Mother's/Guardian Work

Name _____

Address _____

Work Phone _____

Parent 2

Name _____

Address _____

Home Phone _____

Cell Phone _____

Email _____

Father's/Guardian Work

Name _____

Address _____

Work Phone _____

OTHER CHILDREN IN FAMILY:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Schools previously attended: _____

How long? _____

Schools currently attending: _____

How long? _____

How did you hear about us? _____

If by referral, who? _____

DESIRED PROGRAM

Are there any special problems (Health, Transportation, etc.) of which we should be aware of?

Does your child have any food allergies or require a special diet?

Does your child have all of his or her immunizations?

Thank you for your interest in our school! Please return this application and a non-refundable application fee of \$100.00 by mail or in person to StoryBook Hollow Montessori at 3828 Katy Lane, Billings MT 59101.