

Child(ren)'s Name(s) _____

Child(ren)'s Birthdate(s) _____
Month/Day/Year

Mother's Name _____

Address _____

Email _____

Home Phone _____ Work Phone _____

Father's Name _____

Address _____

Email _____

Home Phone _____ Work Phone _____

Has your child been in a Montessori program before? Yes No

If yes, please name _____

When would you like your child to enter Redbud Montessori? _____
Month/Year

Waiting List Fee: \$25 X _____ year(s) waiting = \$_____ (submit total amount or pay a yearly fee of \$25, per child, by January 15 to remain on the waiting list for the next school year.)

Which enrollment option would you prefer? Please rank in order of preference.

_____ Full time (7:30 a.m.-6:00 p.m.) Montessori class, plus before and/or after school care

_____ Extended care (8:30 a.m.-3:00 p.m.) Montessori class, plus ½ hour after school care

_____ Morning care (7:30 a.m.-2:30 p.m.) Montessori class, plus one hour before school care

_____ Montessori class only (8:30 a.m.-2:30 p.m.)

I would like to be notified about an opening with *any* enrollment option. Yes No
I would like to be notified *ONLY* for my first choice enrollment option. Yes No

initial