



Enrollment Application

Application date: _____ (mm/dd/yy)

Desired Start date: _____ (mm/dd/yy)

Student Information

Student's Last Name First Middle Nickname

Current Age ____/____/____
Birth Date (mm/dd/yy) Male/Female

Program Selection

Class:	<input type="checkbox"/> Infant	<input type="checkbox"/> Toddler	<input type="checkbox"/> Preschool -2	<input type="checkbox"/> Preschool - 3	<input type="checkbox"/> Pre- K	<input type="checkbox"/> Kindergarten
Program:	<input type="checkbox"/> Full -day	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.			
Days of the week	<input type="checkbox"/> Mon-Fri	<input type="checkbox"/> Mon/Wed/Fri	<input type="checkbox"/> Tue/Thu			

Family Information

Father's Last Name First Middle

Father's Occupation Employer Work Phone Mobile Phone

Mother's Last Name First Middle

Mother's Occupation Employer Work Phone Mobile Phone

Home Street Address City State Zip

Home Phone

How did you hear about Little Scholars Montessori?