

Heritage Montessori School

APPLICATION AGREEMENT FOR ADMISSION

I hereby request admission for my child _____, to the Heritage Montessori School, for the _____-_____ school year.

I agree to abide by all regulations and policies and to attend all meetings deemed necessary to advance the education of my child. I further agree to observe the accompanying schedule of fees. I am aware that a **30 day written notice is required to withdraw my child from the program.** I also understand there are **no refunds on any fees or money paid to the school.** A place will be reserved for my child upon the completion of this application and when the registration fees are received by the school. My child may start attending once the school has received all the requisite health and information reports. This school is operated on a non-discriminatory basis. **I understand the registration and material fees are non-refundable.**

Signature _____ Date _____

PLEASE PRINT CLEARLY

Child's Name _____ Name to be called _____

Sex: _____ Birth Date: _____ Age: _____

Address: _____ City: _____ Zip Code: _____

School Currently Attending: _____ Reason for leaving: _____

Mother's Full Name: _____ Home Phone: _____

Work Phone: _____

Email: _____

Father's Full Name: _____ Home Phone: _____

Work Phone: _____

Email: _____

OFFICE USE ONLY

Accepted for enrollment _____ Toilet Trained _____

Starting Date _____ Record Request _____

Teacher _____ Fees Paid _____

5 FULL DAYS _____ **3 DAYS** _____ **5 HALF DAYS** _____