



# The Seedling Child

MONTESSORI SCHOOL

## Application for Enrollment: Academic Year Program: 2023 - 2024

### Programs:

\_\_\_\_\_ **Morning Program**      **9:00 AM – 1:15 PM**      Monday – Friday (for children 3-5 years of age)  
(drop off begins at 8:45am)

\_\_\_\_\_ **Afternoon Program**      **8:45 AM – 2:15 PM**      Monday – Friday (for children 4-5 years of age)  
(drop off begins at 8:30am)

\_\_\_\_\_ **First Time Enrollment (Enclosed is a non-refundable application fee of \$150.00).** This fee is paid only once per child.

I hereby request enrollment for my child, \_\_\_\_\_, for the program specified above.

How did you hear about The Seedling Child? \_\_\_\_\_

\_\_\_\_\_ **Re-Enrollment (There is no application fee for re-enrollment).**

I hereby request re-enrollment for my child, \_\_\_\_\_, for the program specified above.

**Child's Full Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Parent/Legal Guardian Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent/Legal Guardian Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\_\_\_\_\_  
**Parent or Legal Guardian Signature**

\_\_\_\_\_  
**Director Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**