



The Seedling Child
MONTESSORI SCHOOL

Application for Enrollment: Academic Year Program: 2022 - 2023

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