



APPLICATION FOR ENROLLMENT

Child's Full Name _____ **DOB** _____ **Sex** _____

Home Address _____ **Phone** _____

Parent Name _____

Occupation _____ **Office/Mobile Phone** _____

Parent Name _____

Occupation _____ **Office/Mobile Phone** _____

SESSIONS PREFERRED (Please check)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FULL DAY					
HALF DAY (AM)					
HALF DAY (PM)					
MIDI DAY (MAM)					
MIDI DAY (MPM)					

TRANSPORTATION (Please check if desired): Round Trip _____ One-Way _____

I agree to pay all costs and fees associated with the enrollment of _____ at the Happy Montessori School of Port Washington, including but not limited to tuition, transportation and book fees if applicable. I understand that this completed application form must be returned before the beginning of the semester with a non-refundable registration fee of \$250.00 which is not deducted from the total tuition due.

Parent's Signature _____ **Date** _____