

Application for 2020-21 Enrollment

APPLICATION DATE:	Month / Da	y / Year	SCHOOL START DATE	: Month / Day / Year	
			DISCHARGE DATE:	Month / Day / Year	
CHILD's NAME					
First Name	M.I	Last Name		Date of Birth: Month/Day/Year	
Full Address: Street No.		С	ity	Postal Code	
Application for:	Half Day Progra	am		Full Day Program	
Morning 9:00am to 12:00pm				9:00am – 3:00pm	
Before School 7:00am to 9:00am			After School 2:00nm	to 6:00pm	
Please select days	Please sel	ect appropria	After School 3:00pm	G (3yr-6yr) 3, 4 or 5 day option only*	
Days: M T W TH F		-days 4-days	\bar{\chi} \ba		
PROGRAM SCHEDUL Option-A: 2 Half Option-B: 3 Half Option-C: 4 Half Option-D: 5 Half Option-D2: 2 Full Option-E: 3 Full Option-F: 4 Full Option-G: 5 Full Option-H: Option	f-Day Prog f-Day Prog f-Day Prog f-Day Prog ll-Day Progr -Day Progr -Day Progr	ram – <i>Op</i> ram ram ram gram – <i>Op</i> ram ram	ption not applicable j	for Preschool/KG*	
Child Care for Optio	ns A-G =	12/hour (if before and/or after	· care is needed)	



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PARENTS / GUARDIAN INFORMAT	ION
Fathers Name	Occupation
Home Address	Email
	Cell Phone
Home Phone	Work Phone
Mother's Name	Occupation
Home Address	Email
	Cell Phone
Home Phone	Work Phone
Res Phone	Work/Cell Phone
Res Phone	Work /Cell Phone
EMERGENCY CONTACT PERSON	V – 2
Name	Relationship
Res Phone	Work/Cell Phone
AUTHORIZED PICK UP PERSON(S	S)
Name	Relationship
Res Phone	Work/Cell Phone
AUTHORIZED PICK UP PERSON(S	
Name	Relationship
Res Phone	Work/Cell Phone



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IMPORTANT NOTE

- 1. Children will not be released to anyone not listed in the enrollment form/emergency card unless advised by the parent.
- 2. A registration fee of \$100.00 is required with this application. This fee is not refundable.
- 3. The monthly fee is due regardless of the days in a month, absenteeism due to illness or inclement weather, plus school and statutory holidays.
- 4. If for any reason it becomes necessary to withdraw your child, a minimum notice of one month is required.
- 5. Please fill out the enrolment and other enclosed forms carefully and return these to the Director of Blackhawk Montessori.

Parents' Signature	Date:	

All Personal Information provided to Blackhawk Montessori will be treated in accordance with the terms of the school Privacy Policy. By affixing your signature above, you agree that you have read the Parents hand book including the school privacy policy carefully and that you have agreed to all the school policies and procedures as described in the Parent's handbook.