



APPLICATION DATE: _____ Day / Month / Year	SCHOOL START DATE: _____ Day / Month / Year
	DISCHARGE DATE: _____ Day / Month / Year

**CHILD's NAME**

First Name	M.I	Last Name	Date of Birth: Month/Day/Year
_____	_____	_____	_____

Please select appropriate program: <input type="checkbox"/> Preschool/KG (3yr-6yr) <b>3,4 or 5 day option only</b> 2-days   3-days   4-days   5-days <input type="checkbox"/> Prep (2yr to 3yr)	Please select days Days: M   T   W   TH   F
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Please select appropriate program:		
<input type="checkbox"/> Summer Session #1 (June 12 <sup>th</sup> – July 6 <sup>th</sup> )	<input type="checkbox"/> Summer Session #2 (July 11 <sup>th</sup> – August 3 <sup>th</sup> )	<input type="checkbox"/> Both Summer Sessions

**PROGRAM SCHEDULE INFORMATION**

<input type="checkbox"/> <b>Option-A: 2 Half-Day Program 9:00am – 12:00pm</b> – <i>Option not applicable for Preschool/KG*</i> <input type="checkbox"/> <b>Option-B: 3 Half-Day Program 9:00am – 12:00pm</b> <input type="checkbox"/> <b>Option-C: 4 Half-Day Program 9:00am – 12:00pm</b> <input type="checkbox"/> <b>Option-D: 5 Half-Day Program 9:00am – 12:00pm</b> <input type="checkbox"/> <b>Option-D2: 2 Full-Day Program 9:00am – 3:00pm</b> – <i>Option not applicable for Preschool/KG*</i> <input type="checkbox"/> <b>Option-E: 3 Full-Day Program 9:00am – 3:00pm</b> <input type="checkbox"/> <b>Option-F: 4 Full-Day Program 9:00am – 3:00pm</b> <input type="checkbox"/> <b>Option-G: 5 Full-Day Program 9:00am – 3:00pm</b> <input type="checkbox"/> <b>Option-H: 5 Extended Child Care Program 7:00am – 6:00pm</b>
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**CHILD CARE ONLY DAYS:** *Options A-G = \$11/hour, Option H = \$9/hour*

Please indicate what time is needed for each date:				
June 4 <sup>th</sup> _____	June 5 <sup>th</sup> _____	June 6 <sup>th</sup> _____	June 7 <sup>th</sup> _____	June 8 <sup>th</sup> _____
June 11 <sup>th</sup> _____	July 10 <sup>th</sup> _____	July 11 <sup>th</sup> _____		
August 6 <sup>th</sup> _____	August 7 <sup>th</sup> _____	August 8 <sup>th</sup> _____	August 9 <sup>th</sup> _____	August 10 <sup>th</sup> _____

Parents' Signature _____	Date: _____
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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.