

## **Application for 2024-25 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.		C	ity	Postal Code
Application for:	Half Day Progra	nm		Full Day Program
Morning 9:00am to 12:00pm	<u> </u>			9:00am – 3:00pm
Extended Day Program 7:00am to 6	:00pm	Please selec	t appropriate program: 2-0	days 3-days 4-days 5-days
Please select days	Prep 1 (2 to 3 yr) Preschool/Pre K (3 ½ - (3 by June 1 <sup>st</sup> 2024)		Preschool/Pre K (3 ½ - 5 y (3 by June 1 <sup>st</sup> 2024)	yr) 🔲
Days: M T W TH F	Prep 2 (2 ½ to 3 ½ yr)   (2 by June 1 <sup>st</sup> 2024)   Kindergarten (5 to 6 yr) (5 by September 1 <sup>st</sup> 20			day option only (9:00am – 3:00pm* 4)  or 7:00am – 6:00pm)
PROGRAM SCHEDUL	E INFOR	MATIC	)N	
☐ Option-A: 3 Half ☐ Option-B: 4 Half ☐ Option-C: 5 Half ☐ Option-D: 3 Full	f-Day Prog f-Day Prog	ram (9an ram (9an	n – 12pm) n – 12pm)	
☐ Option-E: 4 Full ☐ Option-F: 5 Full	-Day Progr	ram (9am	-3pm)	
☐ Option-G: 3 Extends ☐ Option-H: 4 Extends ☐ Option-I: 5 Extends	ended Chil	dcare (7a	m – 6pm)	
Child Care for Optio	ons A-F = \$2	14/hour ( <i>i</i>	f before and/or after	care is needed)



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PARENTS / GUARDIAN INFORMATION	ON
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
EMERGENCY CONTACT PERSON -	1
EMERGENCY CONTACT PERSON -	
Name	Relationship
Res Phone	Work/Cell Phone
AUTHORIZED PICK UP PERSON(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

- 1a. Enrollment will be confirmed only once we have received the completed application.
- 1b. A registration fee of \$100.00 is required with this application. This fee is not refundable.
- 1c. The first month's full tuition is due at the time of enrollment. This tuition is non-refundable, and 30-day withdrawal notice is not applicable.
- 2. The monthly fee is due regardless of the days in a month, absenteeism due to illness or inclement weather, plus school and statutory holidays, etc. [switching days is not possible for any reason]
- 3. Tuition is based on 10 equal installments for the 2024-25 school year. Each installment consists of 18 days. We have evenly distributed your cost throughout the school year. You are not being billed for days class is unavailable to you. (holidays, breaks, teacher work days, conference days, etc.) Annual calendar is available on website for your reference.
- 4. If for any reason it becomes necessary to withdraw your child, a minimum notice of one month is required.
- 5. Children will not be released to anyone not listed in the enrollment form/emergency card unless advised by the parent.

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.