Montessori School

The Children's House Montessori School
300 East Nettleton • Jonesboro, Arkansas 72401
870-972-1890 • FAX: 870-972-1108
Dianna Way, Owner

Creating a Foundation For Education

APPLICATION FOR ENROLLMENT

Child's Name: _____
First Middle Last

Address: _____

City _____ State _____ Zip _____

Phone: _____ Date of Birth: _____

Father's Name: _____ Home Phone: _____

Occupation: _____ Phone: _____

Mother's Name: _____ Home Phone: _____

Occupation: _____ Phone: _____

Legal Guardian: _____ Phone: _____

Family Status: Are both parents in the home?: _____

Family Doctor's Name: _____ Phone: _____

Address: _____

Physical limitation or health problem: _____

Allergies or other Food Restrictions: _____

Emergency contact other than parent or doctor: _____

Name: _____ Phone: _____

Authorized Escort: _____

Delivery Time: _____ Pick Up Time: _____

I wish my child to attend:

- ☐ 5 days a week $ _____ monthly.
- ☐ 4 days a week $ _____ monthly.
- ☐ 3 days a week $ _____ monthly.
- ☐ 2 days a week $ _____ monthly.
- ☐ 1/2 day, 5 days $ _____ monthly.
- ☐ 1/2 day, 5 days + lunch $ _____ monthly.
- ☐ 1/2 day, 4 days $ _____ monthly.
- ☐ 1/2 day, 3 days $ _____ monthly.
- ☐ 1/2 day, 3 days + lunch $ _____ monthly.

Check for $ _____ Registration Fee is enclosed. This fee reserves a space for my child and is not refundable. No reductions are made in tuition for absences or illness.

I acknowledge that this application and registration fee was returned to the Montessori School on:

_____ _____
Date Signature of Parent or Guardian

EMERGENCY TREATMENT RELEASE

In the event of an emergency, if treatment is necessary, I hereby give permission for my child to be taken to the nearest doctor or hospital and agree to pay all fees in connection with such treatment or services.

_____ _____
Signature of Parent or Guardian Date