



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

Full Address: Street No.	City	Postal Code

Application for:	Half Day Program	Full Day Program
Morning 9:00am to 12:00pm	<input type="checkbox"/>	9:00am to 3:00pm <input type="checkbox"/>
Before School 7:00am to 9:00am	<input type="checkbox"/>	After School 3:00pm to 6:00pm <input type="checkbox"/>
Please select days	Please select appropriate program: <input type="checkbox"/> Preschool/KG (3yr-6yr) 3or5 day option only*	
Days: M T W TH F	2-days 3-days 4-days 5-days <input type="checkbox"/> Toddler (18m to 2yr) <input type="checkbox"/> Prep (2yr to 3yr)	

PROGRAM SCHEDULE INFORMATION

<input type="checkbox"/> Option-A: 2 Half-Day Program (T-TH) (Alternate days could be selected) – <i>Option not applicable for Preschool/KG*</i>
<input type="checkbox"/> Option-B: 3 Half-Day Program (M-W-F) (Alternate days could be selected)
<input type="checkbox"/> Option-C: 4 Half-Day Program (M-T-W-TH) (Alternate days could be selected)
<input type="checkbox"/> Option-D: 5 Half-Day Program (M-F)
<input type="checkbox"/> Option-D2: 2 Full-Day Program (T-TH) (Alternate days could be selected) – <i>Option not applicable for Preschool/KG*</i>
<input type="checkbox"/> Option-E: 3 Full-Day Program (M-W-F) (Alternate days could be selected)
<input type="checkbox"/> Option-F: 4 Full-Day Program (M-T-W-TH) (Alternate days could be selected)
<input type="checkbox"/> Option-G: 5 Full-Day Program (M-F)
<input type="checkbox"/> Option-H: Option-G + Extended Childcare (7am – 6pm)

PARENTS / GUARDIAN INFORMATION

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



EMERGENCY CONTACT PERSON – 1

Name	Relationship
Res Phone	Work/Cell Phone

EMERGENCY CONTACT PERSON – 2

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



IMPORTANT NOTE

- 1. Children will not be released to anyone not listed in the enrollment form 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 ensure that you have read the Parents hand book carefully and you agree to follow the instructions.**
- 6. Please fill out the enrolment and other enclosed forms carefully and return these to the Director of Blackhawk Montessori.**

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.