



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) 3,4 or 5 day option only 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 th – July 7 th)	<input type="checkbox"/> Summer Session #2 (July 10 th – August 4 th)	<input type="checkbox"/> Both Summer Sessions

PROGRAM SCHEDULE INFORMATION

<input type="checkbox"/> Option-A: 2 Half-Day Program 9:00am – 12:00pm – <i>Option not applicable for Preschool/KG*</i> <input type="checkbox"/> Option-B: 3 Half-Day Program 9:00am – 12:00pm <input type="checkbox"/> Option-C: 4 Half-Day Program 9:00am – 12:00pm <input type="checkbox"/> Option-D: 5 Half-Day Program 9:00am – 12:00pm <input type="checkbox"/> Option-D2: 2 Full-Day Program 9:00am – 3:00pm – <i>Option not applicable for Preschool/KG*</i> <input type="checkbox"/> Option-E: 3 Full-Day Program 9:00am – 3:00pm <input type="checkbox"/> Option-F: 4 Full-Day Program 9:00am – 3:00pm <input type="checkbox"/> Option-G: 5 Full-Day Program 9:00am – 3:00pm <input type="checkbox"/> Option-H: 5 Extended Child Care Program 7:00am – 6:00pm
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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 1 st _____	June 2 nd _____
June 5 th _____	June 6 th _____
June 7 th _____	June 8 th _____
June 9 th _____	
August 7 th _____	August 8 th _____
August 9 th _____	August 10 th _____
August 11 th _____	

PARENTS / GUARDIAN INFORMATION

Fathers Name	Occupation
Home Address	Email
	Cell Phone
Home Phone	



PARENTS / GUARDIAN INFORMATION

Fathers 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 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.