



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: Day/Month/Year
_____	_____	_____	_____

Please select appropriate program: <input type="checkbox"/> Preschool/KG (3 ½ - 6yr) 3-days 4-days 5-days <input type="checkbox"/> Prep 1 (2 to 3yr) <input type="checkbox"/> Prep 2 (2 ½ - 3 ½yr)	Please select days Days: M T W TH F
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Please select appropriate program:		
<input type="checkbox"/> Summer Session #1 (June 4 th – June 28 th)	<input type="checkbox"/> Summer Session #2 (July 8 th – July 31 st)	<input type="checkbox"/> Both Summer Sessions

PROGRAM SCHEDULE INFORMATION

<input type="checkbox"/> Option-A: 3 Half Day Program 9:00am – 12:00pm <input type="checkbox"/> Option-B: 4 Half-Day Program 9:00am – 12:00pm <input type="checkbox"/> Option-C: 5 Half-Day Program 9:00am – 12:00pm <input type="checkbox"/> Option-D: 3 Full-Day Program 9:00am – 3:00pm <input type="checkbox"/> Option-E: 4 Full-Day Program 9:00am – 3:00pm <input type="checkbox"/> Option-F: 5 Full-Day Program 9:00am – 3:00pm <input type="checkbox"/> Option-G: 3 Extended-Day Program 7:00am – 6:00pm <input type="checkbox"/> Option-H: 4 Extended-Day Program 7:00am – 6:00pm <input type="checkbox"/> Option-I: 5 Extended Day Program 7:00am – 6:00pm CHILD CARE ONLY DAYS: <i>Options A-G = \$12/hour, Option H = \$10/hour</i>

<p>IMPORTANT NOTE:</p> <ol style="list-style-type: none"> Children will not be released to anyone not listed in the enrollment form/emergency card unless advised by the parent. A registration fee of \$25.00 is required per summer session with this application. This fee is not refundable. The summer session fee is due regardless of the days in a month, absenteeism due to illness or inclement weather, plus school and statutory holidays. If for any reason it becomes necessary to withdraw your child, a minimum notice of one month is required. Please fill out the enrolment and other enclosed forms carefully and return these to the Director of Blackhawk Montessori. <p>Parents' Signature: _____ Date: _____</p>
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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.