|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child's Name |  | | | , |  | | |  |  |
|  | (Last Name) |  |  |  | (First Name) |  |  |  | (Initial) |
| Child's Address |  | | |  |  | |  |  |  |
|  | (Street) |  |  |  | (City) |  | (State) |  | (Zip) |
| Phone# |  | | |  |  |  |  |  |  |
| Date of Birth |  | | Sex |  | ☐ M | ☐ F |  |  |  |
|  |  |  |  |  | (Check One) |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 1st Enrolling Parent/Guardian |  | | | , |  | | |  |  |
|  | (Last Name) |  |  |  | (First Name) |  |  |  | (Initial) |
| Relationship to Child |  | | Driver's License# | | |  | | | |
| E-mail Address |  | | | | | | |  |  |
| Home Phone# |  | | |  | Cell Phone# | |  | | |
| Employer |  | | | | | | |  |  |
| Work Phone# |  | | |  | Extension# | |  | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2nd Enrolling Parent/Guardian |  | | | , |  | | |  |  |
|  | (Last Name) |  |  |  | (First Name) |  |  |  | (Initial) |
| Relationship to Child |  | | Driver's License# | | |  | | | |
| Home Address |  | | |  |  | |  |  |  |
|  | (Street) |  |  |  | (City) |  | (State) |  | (Zip) |
| E-mail Address |  | | | | | | |  |  |
| Home Phone# |  | | |  | Cell Phone# | |  | | |
| Employer |  | | | | | | |  |  |
| Work Phone# |  | | |  | Extension# | |  | | |
|  |  |  |  |  |  |  |  |  |  |
| Parents Marital Status | | ☐ | ☐ |  | ☐ Single |  |  |  |  |
|  |  | (Check One) |  |  |  |  |  |  |  |
| Child's Primary Residence | | ☐Both | ☐Mother |  | ☐ Father | ☐ Guardian | |  |  |
|  |  | (Check One) |  |  |  |  |  |  |  |
| If Divorced, who has legal custody? | | |  | | | | | | |
| May the non-custodial parent pick-up the child? | | | |  | ☐ Yes | ☐ NO |  |  |  |
|  |  |  |  |  | (Check One) |  |  |  |  |
| Enrolling Parent/Guardian Signature | | |  | | | | Date |  | |

**The building will be open from 7:00 AM to 5:30 PM**

1. • I agree to pay in advance each bi-weekly or monthly tuition.

1. • I am aware that I will be charged a fee for payments received after Tuesday.
2. • I am aware that I will be charged a fee for late pick-ups.

#### Return Check Policy

In the event that your check is returned un-paid, For Kids’ Sake Montessori will make no additional attempts to submit check for payment. A $35 fee will be charged for the initial collection attempt. The parent/guardian is responsible for the principal amount plus the collection fee with all outstanding funds due immediately. **After two returned checks, all future tuition must be paid in cash.**

Parent/Guardian (Payee) \_\_\_\_

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Enrolling Parent/Guardian Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |