|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |