



## APPLICATION FOR ENROLLMENT

**Child's Full Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Parent Name** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Office/Mobile Phone** \_\_\_\_\_

**Parent Name** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Office/Mobile Phone** \_\_\_\_\_

**Email(s)** \_\_\_\_\_

### SESSIONS PREFERRED (Please check):

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FULL DAY					
HALF DAY (AM)					
HALF DAY (PM)					
MIDI DAY (MAM)					
MIDI DAY (MPM)					

**TRANSPORTATION (Please check if desired):** Round Trip \_\_\_\_\_ One-Way \_\_\_\_\_

**I agree to pay all costs and fees associated with the enrollment of my child(ren) at the Happy Montessori School of Port Washington, including but not limited to tuition, transportation and book fees if applicable. I understand that this completed application form must be returned before the beginning of the semester with a non-refundable registration fee of \$500.00, of which \$250 is deducted from the total tuition due. I understand that credit card payments will incur a fee of 3% of the payment made by credit card.**

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_