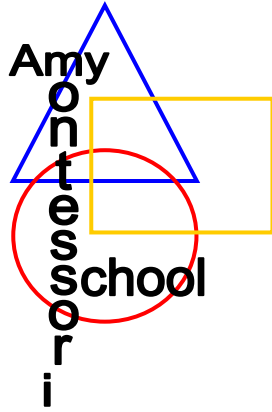


(Attach a current photo of your child)



Office use only
Date Rec. _____
Ck # _____
Enrollment \$ _____
1/2 payment \$ _____
Conf. Sent _____
Forms Sent _____

4 & 5 YEAR OLD KINDERGARTEN 2017-2018 Enrollment Application

Child must be 4 years old on or before September 1 and enrolled for 5 mornings per week

Application Date _____ Desired Start Date _____ Returning Student Yes or No

Child's Name _____ first/middle/last _____ DOB _____ month/day/year _____ M/F _____

Ethnicity _____ Primary Language _____ Email for Family _____

Emergency contact during school _____ Phone # _____

Father's Name _____ first/last _____ Home Phone _____ Cell/Pager _____

Home Address _____ City _____ State _____ Zip Code _____

Father's Occupation/Employer _____

Employer Address _____ Work Phone _____

Mother's Name _____ first/last _____ Home Phone _____ Cell/Pager _____

Home Address _____ City _____ State _____ Zip Code _____

Mother's Occupation/Employer _____

Employer Address _____ Work Phone _____

Where did you hear about Amy Montessori School? _____

- I would be interested in Summer Programs at Amy Montessori School.
- I give AMS permission to use my child's image for promotional materials.

OVER ⇔

CLASS OFFERINGS/2017-2018 MONTHLY TUITION FEES

TUITION PAYMENTS ARE DUE THE FIRST OF EACH MONTH-cash or check

4 and 5 Kindergarten 9:00 a.m. to 12:00 noon M-F \$528.00/\$264.00
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With **1** Extended Day 12:00 noon to 3:30 p.m. **\$614.00/\$307.00**

With **2** Extended Days 12:00 noon to 3:30 p.m. **\$698.00/\$349.00**

With **3** Extended Days 12:00 noon to 3:30 p.m. **\$776.00/\$388.00**

With **4** Extended Days 12:00 noon to 3:30 p.m. **\$849.00/\$424.50**

With **5** Extended Days 12:00 noon to 3:30 p.m. **\$921.00/\$460.50**

Select Extended Days: **MON TUES WED THUR FRI**

Please check if interested in:

Before Care: 7:30 a.m. to 9:00 a.m./available M-F for \$4.00 per half hour.

After Care: 3:30 p.m. to 5:30 p.m./available M-F for \$4.00 per half hour.

We hereby apply to Amy Montessori School for the program(s) stated on this application for the 2017-2018 school year or for the beginning date of ____/____/____.

Accompanying this application is the enrollment fee of \$50.00 along with a **1/2 month tuition**. **I understand that these payments are non-refundable.** I understand that in order to hold my spot the second 1/2 of tuition is due by August 1st. If applying after August 1st the full month tuition is due with application.

We have read the Enrollment and Payment Policies (attached) and understand and agree to the terms.

Signature of Mother/Parent/Guardian

Date

Signature of Father/Parent/Guardian

Date

Please drop off or send completed form and fees to:

**Amy Montessori School
16945 W. North Avenue
Brookfield, WI 53005**

Amy Montessori School does not discriminate against students of any race, gender, color, national or ethnic origin to the rights, privileges, programs and activities available at our school.