Gateway Montessori School
Application for Enrollment • 2010 – 2011 Academic Year

Please print clearly. An application fee of ___$65 new student, ____$60 returning student, ____$55 second application w/in family, must accompany this form. A separate application must be completed for each child for whom you are requesting admission.

Child's Full Name:		**Date of Birth:**
Preferred Name:	**Gender (M/F):**	**Toilet-trained (Y/N):**
Address:		
Phone Number:		

Program:
Please select the program for which you wish to apply:

☐ Full Week Pre-school	☐ AM 8:30 – 11:30	☐ PM 12:45 – 3:45
☐ Monday – Thursday Pre-school	☐ AM 8:30 – 11:30	☐ PM 12:45 – 3:45
☐ Tuesday – Friday Pre-school	☐ AM 8:30 – 11:30	☐ PM 12:45 – 3:45
☐ Extended Day (Kindergarten)	☐ AM 8:30 – 1:45	☐ PM 10:30 – 3:45

Mother/Guardian (circle one)	
Full Name:	
Address:	
Home Telephone:	Work or Cell Phone:
Work Name and Address:	
Email Address:	

Father/Guardian (circle one)	
Full Name:	
Address:	
Home Telephone:	Work or Cell Phone:
Work Name and Address:	
Email Address:	

Previous Montessori Experience	**Names and Ages of Siblings**

Signature of Both Parents/Legal Guardian(s)

_____Date_____

_____Date_____

Gateway Montessori School, a member of the American Montessori Society, is a not-for-profit corporation and relies on student tuition and contributions for income. Gateway Montessori School does not discriminate on the basis of race, creed, age, gender, color, national or ethnic origin, religion, ancestry, sexual orientation, or disability in any aspect of its operations, programs, policies or procedures.

Office Use
Date Rec'd_____ Application Fee Rec'd_____ Payment Type_____ New Record _____

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