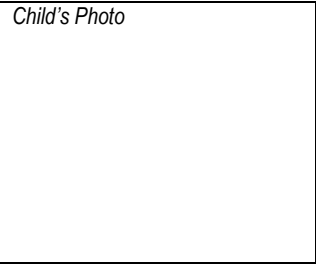


Arris Montessori Academy
Academic School Year
2011-2012



Application for Enrollment

The enrollment fee is ten percent of the yearly tuition plus a \$160 administrative fee. The acceptance of the enrollment form with fees guarantees your child's enrollment in a classroom. **All fees are non refundable.**

Child's Name _____ Begin Attendance Date _____ End Attendance Date _____

Nickname _____ Date of Birth ____ - ____ - ____ Age by September 30 _____ Female _____ Male _____

Program:

Primary _____ Primary Lunch _____ Extended Day Primary _____ Kindergarten _____ Lower Elementary _____
Before School _____ After School _____ Extracurricular _____ Private Tutor _____ Small Group Tutor _____

Home Address _____

Home Phone _____ Child lives with: _____ Mother _____ Father _____ Grandparent _____ Guardian _____

Name of Mother _____ Name of Father _____

Home Address _____ Home Address _____
(if different from above) (if different from above)

Email _____ Email _____

Home Phone _____ Home Phone _____
(if different from above) (if different from above)

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Legal Guardian (if other than parent) _____

*Custody of Child: Does not apply _____ Joint _____ Mother _____ Father _____ Grandparent _____ Guardian _____

Who may pick up your child? 1. _____ 2. _____

Who may **not** pick up your child? **(If applicable for legal custody)* _____

Siblings (their names and ages) _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Allergies: _____ No _____ Yes _____ If Yes, list allergies: _____

Medications: EPI _____ No _____ Yes _____ OTC (list) _____

Your child's medication forms and medication must be submitted to the office prior to attendance.

In an emergency situation, I authorize the staff to obtain emergency medical treatment for my child.

Parent Name _____ Signature _____ Date _____
(PLEASE PRINT)

Emergency Contact (other than parents/guardians must have three)*

Name _____ Home Phone _____ Cell/Work Phone _____

Relationship _____ How does your child refer to this person? _____

Name _____ Home Phone _____ Cell/Work Phone _____

Relationship _____ How does your child refer to this person? _____

Name _____ Home Phone _____ Cell/Work Phone _____

Relationship _____ How does your child refer to this person? _____

Name of Previous School _____ Dates of Attendance _____

Address _____ Phone Number _____ Reason for leaving _____

What do you anticipate from the Montessori experience?

What do you anticipate for your child's Montessori experience?

What are your concerns for your child? _____

Is your child enrolled in any other programs? _____

Does your child have any specific needs? _____

Does your child have any food/diet needs? No ___ Vegetarian ___ Kosher ___ Diabetic ___ Other _____

Policy Agreement:

I agree to the policies of Arris Montessori Academy as stated in the school's Student and Parent Handbook and on the web site. Although Arris Montessori Academy's practice is to notify parents/guardians in advance of changes, there may be changes without notice.

Mother _____ Signature _____ Date _____

Father _____ Signature _____ Date _____

If applicable:

Guardian _____ Signature _____ Date _____

*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

Please initial on the line.

I would like my contact information shared with: my child's classroom _____ school _____ email _____ phone C/H _____ address _____

I do not want to share my contact information shared: _____