

The Three R's Plus – A Montessori Learning Center

Application for Enrollment

Child's Full Name: _____	Application Date: _____	
Name commonly used: _____		
Date of Birth: _____	Age: _____	Sex: _____
Home Address: _____	City: _____	Zip: _____
Home Phone: _____	Housekeeper or Nanny: _____	

Father's Name: _____	
Employer: _____	Occupation: _____
Business Address: _____	
Work Phone: _____	Cell Phone: _____

Mother's Name: _____	
Employer: _____	Occupation: _____
Business Address: _____	
Work Phone: _____	Cell Phone: _____

Adult with whom child resides: _____

Person Responsible for tuition: _____

Other members of the Family Group:

Name	Age	School

List previous school or group experiences:

School	City	Dates

Desired Date for Enrollment: _____
(indicate which program you want)

- _____ Half Day Class 8:30 – 12:30
- _____ Extended Day Class 8:30 – 3:30
- _____ Full Day 7:00 – 6:00

*** For School Use ***

Application Fee Paid \$ _____
Today's Date: _____
Starting Date: _____