



Parent/Guardian Information

Child's Start Date: _____

Program Enrolled: _____ Potty Training: Yes No

- Please complete the entire agreement and sign the last page.
- Please complete and return parent handbook receipt and all licensing forms.
- We accept pre-enrollment based on school availability with designated start day. (A delay from designated start date will incur additional fees.)
- Submit your tuition and non-refundable registration and materials fee in the amount of \$_____ to reserve your child's space. (Make payment out to: **Beyond Montessori**)

Parent/Guardian #1 First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If a couple/married, mark both parents) Social Security#: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Parent/Guardian #2 First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If a couple/married, mark both parents) Social Security#: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Child Information

1st Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Classroom: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No



2nd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Classroom: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Able to pick up all children in the family

Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Able to pick up all children in the family

Not able to pick up the following children: _____

Tuition / Payment Information:

Current Tuition Amount: \$ _____ Monthly \$ _____ Weekly

I acknowledge and accept the school prorated WEEKLY rate charge policy → Initial

Any and all rate changes would have a minimum of 30 days advance notice.

Additional Comments & Information:

Is there any information that would be helpful to our management and/or teaching staff about your child?

Signature:

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

School Administration Signature: _____ Date: _____

