

Enrollment Application

Please fill out both sides of this application.

Child's Name

Home Address

Birth Date

Address (cont.)

Birth Place

City State Zip

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Language Spoken at Home

Home Phone

Program for which you are applying:

Toddler (15 months to 36 months)

Upper Elementary (9 – 12 years old)

Children's House (2.9 – 6 years old)

Adolescent Program (12 – 14 years old)

Lower Elementary (6 – 9 years old)

Parent/Guardian 1

Parent/Guardian 2

Name

Name

Work Phone

Work Phone

Cell Phone

Cell Phone

Email

Email

Employer

Employer

Position

Position

Work Hours

Work Hours

Sibling's Name

Birth Date

Sibling's School

Sibling's Name

Birth Date

Sibling's School

Sibling's Name

Birth Date

Sibling's School

Grandparent's Name

Grandparent's Name

Address

Address

City State Zip

City State Zip

School History

Please let us know the previous school or daycare experience your child has had:

School	Dates Attended	Reason for Leaving

Why do you seek Thacher Montessori School for your child?

Would you be interested in Before School Care from 7:00 – 8:00?

Yes No

Would you be interested in After School Care from 3:00 – 4:45 or 3:00 – 6:00?

Yes No

Do you want financial aid information?

Yes No

At times, photographs of Thacher children appear in brochures and newspaper articles representing the school, as well as on our Web site and newsletter. Should your child attend Thacher, do you agree to allow photos of your child/ren to appear in such materials (no names appear without specific permission)?

Yes No

Non-discrimination Policy

Thacher is a nonsectarian Montessori school that does not discriminate against individuals on the basis of race, creed, religion, national origin, cultural heritage, age, gender, marital status, political beliefs, disability, sexual orientation, or family style in its admissions, employment policies, and procedures.

Application Fee

Please return this completed form with a non-refundable application fee of \$50 made payable to Thacher Montessori School.

For Office Use Only:	
_____	_____
Date Application Received	Check Amount
_____	_____
Received By	Check Number