



2010-2011 Enrollment Application Infant – 3 months to 12 months

Student Information (Please print)

Child's legal last name: _____ Child's first name: _____ Child's M.I. _____

Child's gender: M F Child's birth date: ____/____/____

Please include a copy of your child's birth certificate with this application and bring the original for verification. We can not accept applications without this documentation.

The Infant program is located on the Main Campus: 4535 N. 28th Street Phoenix, AZ. 85016

Child primarily lives with: Mom Dad Both

Primary language spoken at home: _____

Does your child have a sibling(s) currently at Villa Montessori? Yes No

If yes, name(s) and grade/age(s) of the sibling(s) _____

Does your child have a sibling(s) currently **applying** to Villa Montessori? Yes No

If yes, **name(s) and grade/age(s)** of sibling(s) _____

Parent Information (If separate households, please check parent to be billed.)

Mother's name: _____

Address: _____

City: _____ State: _____ Zip: _____ Email address: _____

Home phone: _____ Cell: _____ Pager: _____

Place of business: _____ Position: _____ Work phone: _____

Father's name: _____

Address: _____

City: _____ State: _____ Zip: _____ Email address: _____

Home phone: _____ Cell: _____ Pager: _____

Place of business: _____ Position: _____ Work phone: _____

The tuition schedule for the Infant Program is:

Aug. 1, 2009 – July 31, 2010

All Day: 7:30 a.m. – 4:30 p.m. \$1,275.00 per month

Fees are adjusted on Aug. 1st of each year.

Aug. 1, 2010 – July 31, 2011

All Day: 7:30 a.m. – 4:30 p.m. \$1,275.00 per month

1. I understand that my child is being placed on a waiting list and that I will be notified by phone when a position becomes available. I also understand that by turning in this application I am not guaranteed a spot in the infant program, until I have received a call from the Enrollment Director. **Initials** _____
2. I also understand that siblings are placed first (as stated in the Parent/Student Handbook) and that certain factors such as birthdate, and sex of a child may determine placement. **Initials** _____
3. I understand that I will have 24 hours to make a decision about accepting an available position. If Villa Montessori School has not heard from me within that time frame, the Enrollment Director will call the next person on the list. **Initials** _____
4. I understand that upon acceptance all appropriate paperwork, fees and first month's tuition are due before my child can attend school. **Initials** _____
5. I understand that tuition rates will begin on the first day of phase-in. **Initials** _____
6. **The following fees will be due upon acceptance in the Infant Program:**
 - **\$150 Registration fee (non-refundable)**
 - **First month's tuition**

It is understood that the provisions set forth in this enrollment application, together with the provisions of the Parent/Student Handbook as amended from time to time by Villa and Parent/School Compact, constitute the enrollment application in its entirety and if the above-named child is accepted for enrollment at this school the undersigned expressly agree(s) to the provisions of this application.

Parent Signature: _____ Date: _____

(Do not write below this line)

For Administrative use only

Student accepted by: _____ Date: _____

Date student will start school: _____ Teacher assignment: _____