

Application for Admission Peaceful Valley Montessori Academy – Golden Valley Instructions: Please print and fill out **both** sides of this form completely.



Parent Information

First		First	
Last		Last	
	Mother Father		Mother Father
Relation to Child	Grandparent Foster	Relation to Child	Grandparent Foster
	Other; Specify		Other; Specify
Email		Email	

Address Information

Address		Same as Primary	
		Address	
City		City	
State, Zip		State, Zip	
Primary Phone	()	Primary Phone	()
	Mobile Home Work		Mobile Home Work
Alternate	()	Alternate	()
Phone	Mobile Home Work	Phone	Mobile Home Work

Work Information

Employer	Employer	
Position	Position	

Other Information

Separate Ledgers	Does your family require separate ledgers per parent?	Yes	No	
Ledgers	Does your failing require separate ledgers per parent!	Tes	NO	
Custody				
Notes				

Child Information

First		Last		
Birthday or Due Date	// Check if Due Date	Sex	Male	Female
Child Lives With?		Special Conditions and Notes		
Child's Ethnicity		Child's Primary Language		
Allergies		Family Culture, Customs, and Language		

Program Information

Level	Infant (6 wks-15 mo)	Toddler (16 mo-32 mo)	Preschool (33 mo-6yrs)
Program Days	AI	ll children attend 5 days each	week.
Program Times (Please select one)	Extended Day 7:00am – 6:00p		Full Day 8:30am – 3:30pm
		Ideal Start Dat	e://

The \$200.00 Application Fee and \$100 Activity and Material Fee will be processed via the EFT Form accompanying this application. This application fee is non-refundable. There is no refund in tuition for holidays, illness, vacation, or closings due to emergency situations, inclement weather or other time away from the program. One month's written notice is required prior to withdrawal or for reduction in schedule. Any tuition not paid by the 5th of each month will incur a \$50.00 late fee. Endeavor Schools reserves the right to request a child withdraw from the program if, in the opinion of the school, the child does not adjust to the program, benefit from the program or if the family account is not in good standing. Any coupons must be submitted with this application. I understand and agree to the above terms.

I hereby authorize Peaceful Valley Montessori to take my child to its source of emergency care or doctor, as listed on the Center Information Board, if they are unable to contact the person(s) or any of the emergency numbers listed. It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parents, child's doctor, and/or an adult acting on the parent's behalf.

Parent/Guardian Signature	 Date:	/	/
Parent/Guardian Signature	Date:	/	/

App/Act. & Mat. Fee:	Date Rec'd:	Parent has Packet?	Yes	No	Received By:		Waitlist	Yes
Start Date:	Classroom:	Current Parent?	Yes	No		CRM? Ye	s No	