



# Maple Corner Montessori Application for Enrollment 2019/2020 School Year

Child's Name		Date of Birth	__ Boy	__ Girl
			Age	Age
Mother / Guardian		Father / Guardian		
Employer		Employer		
Cell Phone		Cell Phone		
Home Street Address				
City		State		Zip Code
Home Phone		Other		Email Address

## PROGRAM(S) REQUESTED

PRIMARY FOUR HALF DAYS AM Mon-Thurs, 9 AM to 12:00	
PRIMARY FOUR HALF DAYS PM Mon-Thurs, 12:30 PM to 3:15 PM	
PRIMARY FIVE HALF DAYS Mon-Fri, 9-12	
PRIMARY FOUR FULL DAYS Mon-Thurs, 9 AM to 3:15 PM	
PRIMARY FIVE DAYS Five full days Mon-Fri 9 AM to 3:15 PM	
LOWER ELEMENTARY Kindergarten and First Grade Mon-Fri, 9-3:15	
UPPER ELEMENTARY Second, Third and Fourth Grade Mon-Fri, 9-3:15	
BEFORE CARE (8-9 AM)	
AFTERCARE (3:15-5:30 PM)	

**Please Enclose:**

Non-refundable application fee of \$50  
Copy of your child's birth certificate  
Previous school records including  
immunization records or exemption form, and  
report cards  
Small photograph

Applications will not be processed without these items.

School Use Only					
Age (Sept.)					
Source	Fee	School Records	Birth Certificate	Interview Scheduled	Interview Completed
Status Letter	Enrollment Package	Immunization / Health Records	Emergency Form	Financial Responsibility	Registration Fee
Notes:					

