



North Richland Hills Montessori

Discovering the Gems Within

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APPLICATION FORM

Name of Student: _____ (Nickname : _____) Birthday: ____/____/____

Home Address: _____ Current Age: _____

City: _____ State: _____ Zip code: _____

MOTHER'S INFORMATION

FATHER'S INFORMATION

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Does your child have any allergies? (If so, please explain): _____

Does your child have any medical conditions? (If so, please explain): _____

Should we feel it necessary based upon your description of your child's conditions or illnesses, would you be willing to provide a HIPPA authorization to allow access to your child's medical records in advance of enrollment? Yes No

PROGRAM

Proposed Starting Date: ____/____/____

FULL DAY - 8:45 pm to 3:00 pm

HALF DAY 8:45 am to 12:30 pm (for Primary) and 12:15 Noon (for Pre-Primary)

EXTENDED CARE A.M. - 7:00 am to 8:45 am

EXTENDED CARE P.M. - 3:00 pm to 6:30 pm

PRE-PRIMARY

(18 months-3 years old)

PRIMARY

(3 to 6 years old)

INFANT

(3 months – 1 year old)

FULL DAY: 5 DAYS ____ 4 DAYS ____ 3 Days ____

FULL DAY: 5 DAYS ____ 4 DAYS ____ 3 DAYS ____

FULL DAY: 5 DAYS ____

HALF DAY: 5 DAYS ____ 4 DAYS ____ 3 Days ____

HALF DAY: 5 DAYS ____ 4 DAYS ____ 3 DAYS ____

EXTENDED CARE:

EXTENDED CARE: A.M. ____ P.M. ____

EXTENDED CARE: A.M. ____ P.M. ____

A.M. ____ P.M. ____

I understand that my submission of this application does not guarantee my child's acceptance into the program. All information submitted on this form is true to the best of my knowledge. No information has been knowingly omitted.

Parent Signature: _____ Printed Name _____ Date: ____/____/____

FOR SCHOOL USE ONLY

Date of Enrollment: _____ Program: _____ Amount Paid: \$ _____ Check #: _____

Registration Fee: \$ _____ Tuition Fee: \$ _____ Security Deposit: \$ _____ Supply Fee \$ _____