



340 MONTESSORI COURT  
NORTHFIELD, MINNESOTA 55057  
PHONE: (507) 663-1279

## ENROLLMENT FORM

Each enrollment form must be accompanied by the registration fee. This fee is non-refundable. There is no refund in tuition for holidays, snow days or illness. A 30-day written notice is required prior to withdrawal. If a written notice is not received, the parents/guardian will be responsible for a fee equal to one month's tuition. Northfield Montessori reserves the right to request a child be withdrawn if, in the opinion of the school, the child does not adjust or benefit from the program.

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Starting Date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Program: ☐ Infant (6 wks. - 16 mos.) ☐ Toddler (16 mos. - 33 mos.) ☐ Preschool (33 mos. - 5 yrs.) ☐ Kindergarten

### Schedule:

5 Days (M - F): ☐ Full Days (8:00 a.m. - 3:30 p.m.) ☐ Full Extended (6:00 a.m. 6:00 p.m.) ☐ Half Days (a.m. or p.m.)  
3 Days (M/W/F): ☐ Full Days (8:00 a.m. - 3:30 p.m.) ☐ Full Extended (6:00 a.m. 6:00 p.m.) ☐ Half Days (a.m. or p.m.)  
2 Days (T/Th): ☐ Full Days (8:00 a.m. - 3:30 p.m.) ☐ Full Extended (6:00 a.m. 6:00 p.m.) ☐ Half Days (a.m. or p.m.)

Nap: ☐ Yes ☐ No Preschool only: potty trained? ☐ Yes ☐ No Public School Kindergarten Care: ☐ Before ☐ After

Parent/Guardian 1: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

County Assistance: ☐ Yes ☐ No

Person(s) Responsible for Tuition: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NORTHFIELD MONTESSORI IS AN EQUAL OPPORTUNITY PROVIDER

[www.northfieldmontessori.org](http://www.northfieldmontessori.org)