

# SPOKANE FALLS MONTESSORI SCHOOL

## Infant Toddler Preschool Kindergarten

### Application For Enrollment

1909 N Wright Drive, Spokane, WA 99224  
Phone: 328-6466

**Parent/Guardian's Name:** \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Home Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_ Business/Cell Telephone: \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Home Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_ Business/Cell Telephone: \_\_\_\_\_

### CHILD TO BE ENROLLED

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

Where did you learn about the **Spokane Falls Montessori School?** \_\_\_\_\_

Referred by a friend? \_\_\_\_\_

### AGREEMENT TO ACCOMPANY REGISTRATION

I am submitting the registration form along with a fee of **\$150** ([ ] Date Paid \_\_\_\_\_). I understand that this is a non-refundable fee.

My child's first day will be: \_\_\_\_\_

Please list days and exact hours needed. \_\_\_\_\_

My Child will be attending:

Part-Time (list days/hours)	_____
Full-Day program (up to 10 hours)	_____
School Day (8:30 am - 3:00 pm)	_____
5-Day Morning Class (8:00 am-12:00 pm)	_____
	Other _____
_____ Fall Program (must be agreed upon with Director prior to enrollment)	
_____ Year-Round Program (Includes summer)	

**I/We have read and fully understand the amount I/we will pay \_\_\_\_\_ per month according to the financial policies of the Spokane Falls Montessori School. I/We acknowledge that payment is due by the 1st of every month. Payments received after the 5th, must be accompanied with a \$35 late fee. I/We acknowledge that failure to make payments and/or pay fees may result in the termination of care for the child listed above. Additionally, families receiving state subsidies from DSHS must sign indicating that you agree to pay for child care in the event that the state will no longer make child care payments on your behalf, regardless of the reason.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_