



# AHWATUKEE FOOTHILLS MONTESSORI

3221 EAST CHANDLER BLVD.  
PHOENIX, AZ 85048

PHONE # 480-759-3810

## ENROLLMENT APPLICATION

Date Received \_\_\_\_\_ Child's Start Date: \_\_\_\_\_ Deposit Amount \$ \_\_\_\_\_

**Please complete this section in order of preference.**

- Full Day: 7 AM - 6 PM
- Half Day AM: 8:00 - 11:15
- Half Day PM: 12:00 - 3:15
- PM Extended: 12:00 - 6 PM

**Payment Choice:**

- Monthly
- Prepaid annually 5% discount

Child's name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender:  Male  Female

Child living with:  Both Parents  Mother  Father  Other

Parent or guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Best # to reach you at: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's occupation: \_\_\_\_\_ Mother's occupation: \_\_\_\_\_

Firm: \_\_\_\_\_ Firm: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Health: general condition: \_\_\_\_\_

Any known birth injuries/physical handicaps? \_\_\_\_\_

Vision: \_\_\_\_\_ Hearing: \_\_\_\_\_ Allergies: \_\_\_\_\_

Any health conditions in family having influence on child? \_\_\_\_\_

Siblings & their ages: \_\_\_\_\_

Previous school attended: \_\_\_\_\_

Referred by: \_\_\_\_\_

What are your reasons for choosing a Montessori school? \_\_\_\_\_

\_\_\_\_\_

Signatures: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

A \$75.00 deposit must accompany this enrollment application.