

The Verona Montessori House Registration Form

Please complete all of the following information:

Your child is: Continuing Enrollment _____ A New Enrollment _____ Male ___ Female ___

Child's Name: _____ Date of Birth: _____

Name of parent/guardian: _____

Address of above parent/guardian: _____

Telephone number: (H) _____ (W) _____

Email address: _____

This program is offered for children three through five years old. You may select the times you would like your child to attend each week from the choices provided below. Extended days are offered as an add-on to the morning program.

I would like to register for the following mornings (8:30-12:00):

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

I would like to add the following extended days (12:00-3:00):

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

First day of attendance: _____

For office use only:

Date: _____

Registration fee: _____

Holding fee: _____