



Application for Enrollment

Official Use Only

Date Received:	_____
Deposit Paid:	_____
Start Date:	_____

CLASS PREFERRED: Zweber AM _____ Zweber PM _____ Marsh AM _____ Marsh PM _____

STUDENT'S FULL NAME: _____ SEX: _____

NAME COMMONLY USED: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____

ZIP: _____ HOME TELEPHONE: _____

Check here if parents do not live together. Please provide additional address and home phone on back.

FATHER'S NAME: _____ WORK PHONE: _____

CELL PHONE: _____

MOTHER'S NAME: _____ WORK PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS (Will only be used for newsletters and other communications from CK Montessori.):

GENERAL HEALTH STATUS OF STUDENT (Describe any handicaps/allergies/special problems):

ARE IMMUNIZATIONS UP TO DATE? Yes / No

DOES YOUR CHILD NEED HELP GOING TO THE BATHROOM? _____

Please remit this form with a non refundable deposit of \$100.00.
(Deposit will be deducted from June's tuition.)
Thank you for your interest in our school.

Central Kitsap Montessori
7500 Old Military Rd, Ste. 360
Bremerton, WA 98311
(360) 698-7620

www.CKMontessori.com