

Nampa Montessori Preschool and Kindergarten

Applying for School Year ____ () Half Day () School Day () Full Day

Child's Name _____

(Please Print)

Date of Birth _____ Female ____ Male ____

Current Age ____ Primary Language _____

For office use only
Rec'd app. fee ____
Ck. No. ____
Date _____
Waiting list no. ____

Child Lives with Mom Dad Both Parents Other _____

Parental Contact - Primary

_____ () Mother () Father () Other

Home Address _____ City _____ Zip _____

Home Phone _____ email _____

Employer _____ Occupation _____

Daytime Phone _____ Cell Phone _____

Parental Contact - Secondary

_____ () Mother () Father () Other

Home Address _____ City _____ Zip _____

Home Phone _____ email _____

Employer _____ Occupation _____

Daytime Phone _____ Cell Phone _____

Does your child have any condition or special need(s) that the staff should be aware of? YES NO

If YES, please explain: _____

Signed: _____ Date _____

An Application fee of \$50.00 is required and nonrefundable.