

Enrollment Application
Montessori Center of Jackson, Inc
278 Cooper Anderson Road, Jackson, TN 38308 phone 731.668.9197

PLEASE NOTE: A non-refundable application fee of \$50.00 is due with this form.
Please attach a letter stating why you would like to have your child attend the Montessori Center.

Application Date: _____

Enrollment Year: _____

Child's Name _____
Last First Middle

Male/ Birth Date Birth Place
Female _____ / / _____
City, State _____

Address _____
Street

City State Zip Phone

Father:

Name Address (if different from Child) Phone

Cell Phone E-Mail Address Social Security #

Occupation Workplace Work Phone

Mother:

Name Address (if different from Child) Phone

Cell Phone E-Mail Address Social Security #

Occupation Workplace Work Phone

Other Schools Attended:

Siblings:

name sex age

name sex age

name sex age

name sex age

Please indicate program interest: _____ Early Childhood Morning Program
_____ Kindergarten

_____ Early Childhood Extended Day
_____ Elementary 1st – 6th grade

Will you need Extended Care to 5:30 _____ Yes _____ No

Are you planning to send your child to our elementary program? Yes _____ No _____

Will you be applying for Tuition Assistance? _____ Yes _____ No

Admission to Montessori Center of Jackson is open to children of any race, sex, religion, national or ethnic origin. The program is non-discriminatory in the administration of its educational policies, programs and activities.

Parent/Guardian

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