



Registration Form 2017-18

Child's Full Name _____
 Birthdate _____

Parent #1 _____ Parent
 #2 _____

Home
 Address _____

City _____ State _____ Zip _____ Home
 Telephone _____

Parent #1 Employer _____ Parent #2
 Employer _____

Business Phone _____ Business
 Phone _____

Cell Phone _____ Cell
 Phone _____

E-mail address _____ E-mail
 address _____

Financial Agreement upon Registration

I am submitting the registration form along with a fee of **\$125.00** (date paid _____). I understand that this is a non-refundable fee. I also understand that I am committing to a _____ (10 or 12) month program where the tuition must be paid by the first of each month. For fall registrations the **tuition must be paid by July 1st** to hold a place for my child.

My child's first day will be _____ List days and hours needed _____

Please circle the desired program:	9:00am-1:00pm (5 days) \$655.00 per month	9:00am-3:00pm (5 days) \$755.00 per month
	7:00am-5:30pm (5 days) \$855.00 per month	9:00am-3:00pm (3 days) \$575.00 per month

I/We agree to pay _____ per month for _____ months for my/our child to attend Spokane Montessori School North. I/We have read and fully understand the financial policies of Spokane Montessori School North and I/we agree to comply with these policies and procedures while my/our child _____ is enrolled at Spokane Montessori School North.

Parent/Guardian Signature _____ Date _____

Accepted by _____

Date _____

Spokane Montessori School Staff