



Application for Enrollment

Official Use Only

Date Received: _____
Deposit Paid: _____

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

STUDENT'S FULL NAME: _____ SEX: _____

NAME COMMONLY USED: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME TELEPHONE: _____

FATHER'S NAME: _____ WORK PHONE: _____

CELL PHONE: _____

MOTHER'S NAME: _____ WORK PHONE: _____

CELL PHONE: _____

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

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

NAME OF CHILD'S DOCTOR: _____ PHONE: _____

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 schools.

Central Kitsap Montessori
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Bremerton, WA 98311
(360) 698-7620

www.CKMontessori.com