

Registration Form

Date _____

Child's Name _____(M/F)

Date of Birth _____

Parents' Name(s) _____

Address _____

City, State, Zip _____

Email _____

Home Phone Number (_____) _____

Cell Phone Number (_____) _____

Work Phone Number (_____) _____

Desired Start Date:

Month _____ Year _____

Choice of Programs (all are M-F):

Pre-Primary 8:30-11:30

Pre-Primary 8:30-3:30 (includes lunch)

Primary Half Days 8:30-11:30

Primary Full Days 8:30-3:30 (includes lunch)

Optional Choices:

Before School 7:30-Arrival

After School Dismissal-6:00

How did you find us?

Coralville Visitor's Guide

Iowa City Moms Blog

Poster

Website

Word of mouth

Other: _____

I have read and understand the enrollment policies of the Montessori School of Iowa City and wish to register my child for enrollment. Enclosed is the \$100.00 nonrefundable registration fee made payable to the Montessori School of Iowa City.

Parent's Signature _____

School Use _____

In Computer _____