



2015-2016 Application for Enrollment

Date: _____

Child's Name: _____ Nickname: _____

Birth Date: _____ Sex: _____

Mother's Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ Zip Code: _____ Cell Phone: _____

Email: _____ Employer: _____

Father's Name: _____ Home Phone: _____

(List only if different from above)

Address: _____ Work Phone: _____

City: _____ Zip Code: _____ Cell Phone: _____

Email: _____ Employer: _____

PREFERRED EMAIL FOR ALL COMMUNICATIONS: _____

Session Selection: Please indicate first and second choice regarding AM or PM session.
All ages are as of September 1, 2015.

3 Yr. Old Child: 3 Day Program is Monday, Tuesday, and Thursday
 Program preference: _____ AM 3 day (8:45-11:30 AM) _____ PM 3 day (12:45-3:30 PM)

3 Yr. Old Child: 4 Day Program is Monday, Tuesday, Thursday, and Friday
If you are interested in the 5 day a.m. program for your 3 yr old please indicate here: Yes ___ No ___ (Per directress approval.)
 Program preference: _____ AM 4 day (8:45-11:30 AM) _____ PM 4 day (12:45-3:30 PM)

4 or 5 Yr. Old Child: 4 Day AM Program is Monday, Tuesday, Thursday, and Friday
 Program preference: _____ AM 4 day (8:45-11:30 AM) _____ PM 4 day (12:45-3:30 PM) (M,T,W,Th)

4 or 5 Yr. Old Child: 5 Day Program is Monday, Tuesday, Wednesday, Thursday, and Friday
 Program preference: _____ AM 5 day (8:45-11:30 AM) _____ PM 5 day (12:45-3:30 PM)

LUNCH BUNCH: Available between AM and PM class times from 11:30 to 12:30.
 If you have interest in the lunch program, please indicate how many days a week your child would attend: _____ days

Please return the completed application with a \$50.00 NON-REFUNDABLE CHECK payable to Kinderhaus in order to guarantee an interview for possible enrollment.

KINDERHAUS MONTESSORI PRESCHOOL | 3115 N. Victoria Street, Roseville, MN 55113 | 651-482-7925

*For a class observation or tour please contact registrar at 651-482-7925.

How did you hear about Kinderhaus Montessori Preschool? Alumni _____ Website _____ School Sign _____

To be completed by the Registrar

Date Received: _____ Check Number: _____

Account Number: _____ Program: _____ (3 Yr Old) _____ (4 & 5 Yr Old)