



2018-2019 Application for Enrollment

Date: _____

Child's Name: _____ **Nickname:** _____

Birth Date: _____ **Gender:** _____

Parent 1 Name: _____ **Home Phone:** _____

Address: _____ **Work Phone:** _____

City: _____ **Zip Code:** _____ **Cell Phone:** _____

Email: _____ **Employer:** _____

Parent 2 Name: _____ **Home Phone:** _____

(List only if different from above)

Address: _____ **Work Phone:** _____

City: _____ **Zip Code:** _____ **Cell Phone:** _____

Email: _____ **Employer:** _____

Please list all emails you want for KMS Communication: _____

Session Selection: Please indicate first and second choice.

3 Day Part-Day Program is Monday through Wednesday from 8:15AM to 12:30PM

4 Day Part-Day Program is Monday through Thursday from 8:15AM to 12:30PM

5 Day Part-Day Program is Monday through Friday from 8:15AM to 12:30PM

5 Day Full-Day Program is Monday through Friday from 8:15AM to 4:00PM

Please return the completed application with a \$75.00 NON-REFUNDABLE CHECK payable to Kinderhaus in order to secure 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 the registrar at 651-482-7925.

How did you hear about Kinderhaus? Alumni _____ Specify _____

Website _____ School Sign _____ Facebook _____

To be completed by the Registrar

Date Received: _____

Check Number: _____

Account Number: _____

Program: _____ Part-Day _____ Full-Day