



APPLICATION

Child's Name: _____ Desired Start Date: _____

Date of Birth: _____ Gender: M F Other

Program Applying For: ___ Infant ___ Toddler ___ Primary

CAMPUS

(Please indicate which you're applying for, and if you're open to first available)

_____ NORFOLK

_____ WRENTHAM

_____ FIRST AVAILABLE

Schedule Applying For:

_____ Full Day ___ 5 Days ___ 4 Days ___ 3 Days ___ 2 Days

_____ Half Day *(Available only at Wrentham)*

Half Day Preference

_____ Morning (9:00-11:30am)

_____ Afternoon (1:30-4:00pm)

_____ First Available

CONTACT INFORMATION (please print clearly)

Name: _____ Relationship to Child: _____

Email: _____ Sibling Names/Ages: _____

Cell: _____

Address: _____ City: _____ ZIP: _____

Please enclose a non-refundable fee of \$55.00 with this application. This fee does not apply towards the tuition payment. Make checks payable to: StoryHeights Montessori



508-346-3427



INFO@STORYHEIGHTSMONTESSORI.COM



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