

Application for Enrollment

(Summer School Only)

STUDENT'S FULL NAME:	SEX:
NAME COMMONLY USED:	BIRTHDATE:
ADDRESS:	CITY:
ZIP:HOME TELEPI	HONE:
[] Check here if parents do not live together	r. Please provide additional address and home phone on back.
MOTHER'S NAME:	WORK PHONE:
CELL PHONE:	TEXT? <u>YES / NO</u> OK TO SEND PHOTOS? <u>YES / NO</u>
FATHER'S NAME:	WORK PHONE:
CELL PHONE:	TEXT? <u>YES / NO</u> OK TO SEND PHOTOS? <u>YES / NO</u>
EMAIL ADDRESS (Will only be used for communication from CK Montessori.):	
GENERAL HEALTH STATUS OF STUDENT (Describe any handicaps/allergies/special problems):	
DO WE HAVE PERMISSION TO USE PHOTOS OF YOUR CHILD (un-named) ON OUR WEBSITE? YES / NO If yes, please initial here:	
REMIND: After your child is regi	stered for summer school you will be invited to join 'Remind'.

*Remember, summer school tuition is due on the first day of each week that your child is registered. Please make checks out to CK Montessori.

with us that you have gotten our message.

Remind is an app that we use for communicating (texting). Once you've joined, please confirm

Thank you for your interest in our school!

Central Kitsap Montessori * 10323 Central Valley Rd NE * Poulsbo, WA 98370 * (360) 698-7620

www.CKMontessori.com