



Step By Step Montessori Schools, Inc

Application for Admission

Corporate Offices: 4355 Highway 169, Plymouth MN 55442 (763) 557-6777

Submit via mail to the above address or email at enroll@stepbystepmontessori.com

Instructions: Please print and fill out **both** sides of this form completely. Primary parent is defined as the parent who the child lives with. If the child lives with both, the primary can be either parent.

Please check this box if you are re-enrolling your child:

TODAY'S DATE	
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Parent Information

PRIMARY FIRST		OTHER FIRST																																									
PRIMARY LAST		OTHER LAST																																									
PRIMARY SSN	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>					-																OTHER SSN	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>					-															
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PRIMARY EMAIL			OTHER EMAIL																																								
WE WILL SEND YOUR INVOICE VIA EMAIL PLEASE SIGN HERE IF YOU WOULD LIKE TO RECEIVE YOUR INVOICES BY MAIL->																																											

Address Information

ADDRESS		SAME AS PRIMARY <input type="checkbox"/>	ADDRESS	
CITY			CITY	
STATE, ZIP	_____ - _____		STATE, ZIP	_____ - _____
PRIMARY PHONE	(____) _____ - _____ <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home		PRIMARY PHONE	(____) _____ - _____ <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home
ALTERNATE PHONE	(____) _____ - _____ <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home		ALTERNATE PHONE	(____) _____ - _____ <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home
WIRELESS CARRIER			WIRELESS CARRIER	

Emergency Contacts – Two LOCAL Emergency Contacts other than the parents are **required**.

In case of emergency or illness, I authorize the following to act on my behalf if I cannot be reached.

NAME (FIRST & LAST)		ADDRESS	
CITY		STATE, ZIP	_____ - _____
PHONE	(____) _____ - _____		
NAME (FIRST & LAST)		ADDRESS	
CITY		STATE, ZIP	_____ - _____
PHONE	(____) _____ - _____		

Work Information

EMPLOYER		EMPLOYER	
POSITION		POSITION	

Child's Doctor/Dentist Information

DOCTOR OR OFFICE		DENTIST OR OFFICE	
ADDRESS		ADDRESS	
PHONE	(____) ____-____	PHONE	(____) ____-____

Other Information

CUSTODY NOTES	
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Child Information – Please note if the child has any allergies or physical or mental conditions.

FIRST		LAST	
BIRTHDAY OR DUE DATE	____/____/____ <input type="checkbox"/> Check if Due Date	GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>
CHILD'S ETHNICITY		CHILD'S PRIMARY LANGUAGE	
ALLERGIES		SPECIAL CONDITIONS	
		SPECIAL NEEDS	
FAMILY CULTURE/CUSTOMS/ LANGUAGE			

Program Information

LOCATION	Brooklyn Park (763) 493-9093 <input type="checkbox"/>	Chaska (952) 368-4456 <input type="checkbox"/>	Corcoran (763) 498-5437 <input type="checkbox"/>	Maple Grove (763) 315-3602 <input type="checkbox"/>
	Plymouth (763) 557-6555 <input type="checkbox"/>	Edina @ Southdale (952) 920-7450 <input type="checkbox"/>	St Anthony (612) 788-8010 <input type="checkbox"/>	Wayzata (952) 476-0240 <input type="checkbox"/>
LEVEL	Infant (6 wks-15 mo) <input type="checkbox"/>	Toddler (16 mo-32 mo) <input type="checkbox"/>	Preschool (33 mo-6 yrs) <input type="checkbox"/>	School-Age (6-7 yrs) <input type="checkbox"/>
PROGRAM	5 Full (M-F) 8:30-3:30 <input type="checkbox"/>	5 AM (M-F) 8:30-11:30 <input type="checkbox"/>	5 PM (M-F) 12:30-3:30 <input type="checkbox"/>	3 Full (M,W,F) 8:30-3:30 <input type="checkbox"/>
	3 PM (M,W,F) 12:30-3:30 <input type="checkbox"/>	2 Full (T,TH) 8:30-3:30 <input type="checkbox"/>	2 AM (T,TH) 8:30-11:30 <input type="checkbox"/>	2 PM (T,TH) 12:30-3:30 <input type="checkbox"/>
EXTENDED DAY	Yes <input type="checkbox"/> No <input type="checkbox"/> (Before 8:30 and/or After 3:30)			REQUESTED START DATE ____/____/____

For Brooklyn Park Only

Check the meals your child normally receives while in our care: <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack

The \$100.00 registration fee must accompany each application for enrollment before it is processed. This registration fee is non-refundable. There is no refund in tuition for holidays, illness, or vacation. One month's written notice is required prior to withdrawal or for reduction in schedule. Tuition not paid by the 5th of each month will incur a \$20.00 late fee. Step By Step reserves the right to request a child withdraw from the program if, in the opinion of the school, the child does not adjust to the program or benefit from the program. Any coupons must be submitted with this application. I understand and agree to the above terms. Please mail/email the completed application with your registration fee to our Corporate Offices (see address front page). I hereby authorize the Center to take my child to its source of emergency care or Doctor, as listed on the Center Information Board, in the event that they are unable to contact the persons or any of the emergency numbers listed. It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parents, child's doctor, and/or an adult acting on the parent's behalf.

Signature: Primary Parent/Guardian _____ Date: ____/____/____

Signature: Other Parent/Guardian _____ Date: ____/____/____

For office use only:

Amt Paid w/App \$	Date Rec'd	Parent has Packet	Received By	Waitlist Y
Start Date	Room Number	Current Parent? Y N	School has copy? Y N	CRM? Y N