



The Hunt Ridge Montessori School LLC

834 Brookside Drive Fairfield, CT. 06824 203-254-1159

Application

Cell: _____

Cell: _____

Name of Child

First

Middle

Last

Child's Date of Birth

Age:

Program Desired: Primary Half Day

Primary Full Day

Enrollment Date

Beginning:

Fall Semester (September)

Spring Semester (January)

Other Children in the Family (Names and ages)

Has the child had any previous school experience? Yes/No If "Yes" please state where, when and for what period of time, and if possible, supply records

Name of Parents or Guardians

Last

First

MI

Last

First

MI

Full Mailing Address

Street

City

State

Zip

Home Phone

E-Mail address:

Mother's Business

Cell Phone

Business Address

Position

Father's Business

Cell Phone

Business Address

Position

I give my child Permission to participate in supervised Field Trips during the school year.

Yes / No

Please include a \$65.00 Application Fee which is non-refundable.

Date

Parent of Guardian Signature