



Pre-enrollment Form

Please complete this no obligation Pre-enrollment form. This will give us information about your interest in the programs offered at the Little Gems Montessori Academy, and will help us cater to your needs.

Child's Name: _____ **Today's Date:** _____

Date of Birth: _____ **Intended Start Date:** _____

Gender: Male _____ Female: _____

Previous school / daycare : Name: _____ **Years:** _____

Reason for changing school / daycare: _____

Parent / Guardian's Name: _____

Home Address: _____

Preferred Phone #: _____

Preferred Email: _____ **Occupation:** _____

How did you hear about us? _____

Please check the program of interest: Summer Camp / School Year / Both

| Infant <i>(6 weeks to 18 months)</i> | Toddler <i>(18 months to 3 years)</i> | Primary <i>(Preschool 3-5 years)</i> | Primary <i>(Kindergarten 5-6 yrs)</i> |
|--|---|--|---|
| <input type="checkbox"/> 3 Half Days | <input type="checkbox"/> 3 Half Days | <input type="checkbox"/> 3 Half Days | <input type="checkbox"/> 5 Full Days |
| <input type="checkbox"/> 3 Full Days | <input type="checkbox"/> 3 Full Days | <input type="checkbox"/> 3 Full Days | |
| <input type="checkbox"/> 5 half Days | <input type="checkbox"/> 5 half Days | <input type="checkbox"/> 5 half Days | |
| <input type="checkbox"/> 5 Full Days | <input type="checkbox"/> 5 Full Days | <input type="checkbox"/> 5 Full Days | |

| |
|---|
| <input type="checkbox"/> Before Care: 6:30am - 8:30am |
| <input type="checkbox"/> After Care: 3:30am - 6:30am |

Parent / Guardian's Signature: _____

Date: _____