



## Pre-Enrollment Form

Child's Name: \_\_\_\_\_

Child's Address:

\_\_\_\_\_

STREET

CITY

STATE

ZIP

Child's Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Parents/Guardian Names: \_\_\_\_\_

Parent/ Guardian contact numbers. (      ) \_\_\_\_\_

Parent / Guardian E-mails: \_\_\_\_\_

Please list any siblings who are also applying. \_\_\_\_\_

Which session are you requesting? (Please check) **Full Day**  or **Half Day**

**Full Day**      **7:30 am - 5:30 pm.**      \_\_\_\_

**Half Day**      **7:30 am - 12:30 pm.**      \_\_\_\_

Attendance schedule number of days in a week (please check one) **5**  **4**  **3**  **2**

Weekly attendance schedule (check days) Mon  Tue  Wed  Thu  Fri

Tentative Starting Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm / dd / yyyy)

**How did you came to know about us** \_\_\_\_\_

Please email or fax this form to

[contact@smartstepsmontessori.com](mailto:contact@smartstepsmontessori.com)

Fax (512) 808-4140

Phone (512) 730-0074