



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

Fax (512) 808-4140

Phone (512) 730-0074