



Renaissance Montessori School

Toddler Registration Form

Child and Family Information

Child's Full Name	Date of Birth	Nickname	
Father's Name	Home Phone	Business Phone	Cell Phone
Street Address	City	State	Zip
Mother's Name	Home Phone (if different)	Business Phone	Cell Phone
Street Address (if different)	City	State	Zip
Father's Email		Mother's Email	

Programs and Fees

Programs. Please select which series(s) you would like to attend.

Toddler Time: Mondays 9:30-11:30 am

- | | |
|---|---|
| <input type="checkbox"/> Series One: Sept. 13 – Oct. 25, 2010 | <input type="checkbox"/> Series Three: Jan. 31- Mar. 14, 2011 |
| <input type="checkbox"/> Series Two: Nov. 1 – Dec. 13, 2010 | <input type="checkbox"/> Series Four: Mar. 28 – May 16, 2011 |

Toddler Atrium: Tuesdays 9:30-11:30 am

- | | |
|---|--|
| <input type="checkbox"/> Series One: Sept. 14 – Oct. 26, 2010 | <input type="checkbox"/> Series Three: Feb. 1- Mar. 15, 2011 |
| <input type="checkbox"/> Series Two: Nov. 2 – Dec. 14, 2010 | <input type="checkbox"/> Series Four: Mar. 29 – May 17, 2011 |

Fees. Single series price is \$140; \$10 per series discount for combining Toddler Time and Toddler Atrium during the same series.

Payment Information. Total amount enclosed _____ Check No. _____

Emergency Contact Information

Please provide at least one other person we can contact in case of an emergency.

Name	Phone	Cell Phone
Address		Relation

Signature

I affirm that the information I have provided on this form is correct to the best of my knowledge, and I agree to all the provisions contained therein.

Signature

Date

Fill out a separate application form for each applicant; mail with fees to:
Renaissance Montessori School - P.O. Box 10043 - Manassas, Virginia 20108