

Verona Montessori House

Website Registration Form

Please complete all of the following information:

Your child is: Continuing Enrollment _____ A New Enrollment _____ Male ___ Female ___

Child's Name: _____ Date of Birth: _____

Name of parent/guardian: _____

Address of above parent/guardian: _____

Telephone number: (H) _____ (W) _____

Email address: _____

This program is offered for children three through six years old. You may select the times you would like your child to attend each week from the choices provided below. The Early Riser program is offered as an add-on to either the morning or full day program at an additional fee.

I would like to register for the following **mornings** (8:30-12:00):

M T W Th F

I would like to register for the following **full days** (8:30 – 5:00):

M T W Th F

I would like to add the **Early Riser** program to the following days (7:15 – 8:30):

M T W Th F

First day of attendance: _____

For office use only:

Date: _____

Registration fee: _____

Holding fee: _____