**APPLICATION FOR ENROLLMENT**

**Please complete the attached form and return it along with the $50 registration fee to**

**Discovery Montessori**

**1301 Beech St**

**Scranton PA 18505**

**I am applying for enrollment for the \_\_\_\_\_\_\_\_\_\_\_ school year at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ campus.**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s First Name |  | | |
| Student’s surname |  | | |
| Date of Birth |  | | |
| Age on September 1, |  | | |
| Home address |  | | |
|  |  | | |
| City | | State | Zip |
| School District |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Parent’s Name |  | | |
| Home Address |  | | |
| Home Address |  | | |
| City | | State | Zip |
| Telephone |  | | |
| Cell phone |  | | |
| Work Phone |  | | |
| Email |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Parent’s Name |  | | |
| Home Address |  | | |
| Home Address |  | | |
| City | | State | Zip |
| Telephone |  | | |
| Cell phone |  | | |
| Work phone |  | | |

Please tick as appropriate

|  |  |
| --- | --- |
|  | I would like to apply for enrollment in the full day program |
|  | I would like to apply for enrollment in the morning only program |
|  | I would like to apply for enrollment in kindergarten / elementary |

*Admission to Discovery Montessori is open to all regardless of race, color, national or ethnic origin, sex, age or disability.*