

**2010 - 2011 Application Form**  
(Starting in September 2010)

Date of Application: \_\_\_\_\_  
Day / Month / Year

**STUDENT NAME:** \_\_\_\_\_  
First, Middle, Last Name

Birth Date: \_\_\_\_\_  
Day / Month / Year

Sex: M F

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number / Street / City / Postal Code

Home Phone Number: \_\_\_\_\_

Home E-mail Address: \_\_\_\_\_

How did you learn of Morgan Creek Montessori? \_\_\_\_\_

Why do you wish for your child to attend Morgan Creek Montessori? \_\_\_\_\_

Please indicate the class session you prefer for your child:

- |                          |  |                          |  |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Morning Class - \$425<br>(8:30 AM – 11:30 AM)<br>(Monday – Friday) | <input type="checkbox"/> | Afternoon Class - \$375<br>(12:30 PM – 3:30 PM)<br>(Monday – Thursday) |
|--------------------------|--|--------------------------|--|

Please return Application Form to Morgan Creek Montessori and contact the Directress to schedule an interview. Upon acceptance of this Application, you will be asked to complete a Registration Package.