Ponderosa Montessori Inc.
304 Rover Blvd.
Los Alamos, NM 87544
(505)672-9211/ (505)672-9218 Fax

Date Received:_____ By: _____
Supply Fee & Registration + tax
Check #: _____ Amount: _____
First Month's Tuition + tax
Check #: _____ Amount: _____
Original Admission Date:_____

FALL 2010-2011 ENROLLMENT APPLICATION

Child's Name_____Sex_____Birthdate_____

	Mother	**Father**
Name		
Home Phone #		
Work Phone #		
Other Phone #		
Social Security #		
E-mail		
Street Address		
City		
Zip Code		
Employed by		
Work Hours		

Program Choice:

- ☐ Transition (2 - 3 yr)
- ☐ Early Childhood (3 - 6 yr)
- ☐ Elementary (5 - 9 yr)

Daily Schedule
Time must be consistent daily
Cannot combine part & full time schedule

	Drop-off	**Pick-up**
Monday	am/pm	am/pm
Tuesday	am/pm	am/pm
Wednesday	am/pm	am/pm
Thursday	am/pm	am/pm
Friday	am/pm	am/pm

Please circle choice:
My child **will** **will not** be napping.

CHILD'S BACKGROUND INFORMATION

_____

(Religion) (Are parents divorced or separated?) (Other adults in the house)

(Special circumstances such as joint custody, restraining orders, adoptions, etc.)

Ponderosa School Policy states that children will not attend another school part-time. Exceptions will be made for children with specialized needs not provided by Ponderosa Montessori.

Does your child have specialized needs? No ☐ Yes ☐ If yes, explain: _____

_____

_____

(Previous schooling) (How did you hear about Ponderosa School?)

COMMENTS ON CHILD'S DEVELOPMENT(note allergies, habits, language, special needs or outside services that he/she is receiving , unusual situations in the home or child's life that would be useful for understanding the child)

_____

_____

INFORMATION REQUIRED BY STATE LAW

IMMUNIZATIONS

Children *must* have all State of New Mexico required immunizations. Please provide a photo copy of your child's current immunization record or waiver with this registration.

EMERGENCY CONTACTS ***Required***: Two in-town (other than parent) plus physician

_____

(Name and relationship) (Address) (Phone #)

_____

(Name and relationship) (Address) (Phone #)

_____

(Name of physician or emergency medical facility) (Phone #)

The school will contact parents at home or at work should a child become ill. Should a medical emergency exist, the school will call the local 911 number in addition to contacting the parents. By signing below I agree to allow all employees of Ponderosa Montessori Inc. to call 911 and agree that all employees of Ponderosa Montessori Inc. will be absolved of any charges or liability in so doing.

By signing, I agree I will pay for the first month of tuition and supply fee plus tax at time of registration. I agree to pay the amount(s) charged for my child's schedule listed on this paperwork according to the tuition schedule, plus tax, on a monthly basis by the 17th of every month or I will be charged a late fee of $25. I will speak with the Owner/Director if I need to make special payment arrangements, prior to the due date. I agree that I will pay any early, late or drop in charges I may incur. I understand that the first schedule change is free and any changes thereafter are $25.

Signature:_____Date:_____

Ponderosa Montessori Inc. is committed to a policy against discrimination in enrollment based on color, race, religion, sex, national origin or disability.