



Pre-Registration Information

Date: _____

Child's Full Name: _____

Nickname (if any): _____

Age: _____

DOB: _____

/ /

Sex: M F

Names & ages of Siblings: _____

Father or Guardian's Full Name

Home Phone: () _____

Cell Phone: () _____

Mother or Guardian's Full Name

Home Phone: () _____

Cell Phone: () _____

Child's Home Address: _____

City: _____

County: _____

Zip Code: _____

Father or Guardian's Occupation:

Father or Guardian's Place of Employment: _____

Department: _____

Work Phone: () _____

Hours at work: _____ to _____

Days at work: M TU W TH F

Mother or Guardian's Occupation:

Mother or Guardian's Place of Employment: _____

Department: _____

Work Phone: () _____

Hours at work: _____ to _____

Days at work: M TU W TH F

Who should be contacted when an opening becomes available? _____

Desired start date: _____

Preferred Schedule: (Please Circle One) MWF T/TH Full Time

(Please check all that apply)

Although the schedule indicated above is preferred, please contact me about any schedule that becomes available.

Please contact me for the schedule I indicated above.

How did you hear about Patience Montessori School? Parent Newspaper Yellow pages Internet Website Other _____

Next Section Fill Out Only if Applicable

Parent/Guardian with legal custody: _____

Decree on file? (Please Circle One) Yes No Parents are: (Please Circle One) Married Divorced Separated Widowed Single

By signing below, you agree that this is a legally binding form. Providing false information will result in termination of childcare services and forfeiture of retainer. **Please include the nonrefundable fee of \$100.00 with this preregistration form.**

Father/Guardian's Signature _____ Date _____

Mother/Guardian's Signature _____ Date _____

Patience Montessori School is licensed by the State of Colorado Division of Childcare. The school meets or exceeds strict Fire, Health and Child Care regulations that are monitored by the appropriate regulatory agencies on a frequent basis.

Patience Montessori School _____ Date Recieved _____