

Our Children's Center Montessori School
2021-2022 School Year Application for Enrollment

Applications should be submitted for review. Enrollment Contracts and/or additional registration information will be offered as applicable.

Child's Name _____ Birthdate _____

Address _____

City _____ Zip Code _____

Parent 1: _____

Phone: _____ Email: _____

Parent 2: _____

Phone: _____ Email: _____

Primary Program:

Please indicate program(s) of preference:

Primary Program (Children ages 2 years 10 months-6 years)

Hours

- | | |
|--|--------------------|
| <input type="checkbox"/> M-F Full Days | 8:50 – 3:30 |
| <input type="checkbox"/> M-F Mornings | 8:50-12:30 |
| <input type="checkbox"/> T, W, R Full Days | 8:50-3:30 |

Toddler Program (Children ages 1 year - 2 years 10 months)

- | | |
|--|-------------------|
| <input type="checkbox"/> M-F Full Days | 8:30-3:15 |
| <input type="checkbox"/> M-F Mornings | 8:30-12:30 |
| <input type="checkbox"/> Three Full Days (T,W,R) | 8:30-3:15 |
| <input type="checkbox"/> Three Mornings (T,W,R) | 8:30-12:30 |

Extended Day Options

- | | | | |
|--------------------|---|-----------|---|
| Before-School Care | <input type="checkbox"/> 8:00-8:50 | OR | <input type="checkbox"/> 8:30-8:50 |
| After-School Care | <input type="checkbox"/> 3:30-4:00 | OR | <input type="checkbox"/> 3:30-5:00 |

Please indicate if applicable: Our family is currently approved for CCIS
 Our family is interested in the Pre K Counts Program
 Our family is interested in OCC Scholarship

Parent Signature

Date