



For office use only
Date Received _____
Date Enrolled _____
Reg. Fee Paid _____
Tuition Paid _____

**CSM HOMESCHOOL ENRICHMENT PROGRAM REGISTRATION  
2019-2020 SCHOOL YEAR**

Please check:      Fall 2019 \_\_\_\_\_      Mon/Tues \_\_\_\_\_      Wed/Thurs \_\_\_\_\_  
                         Spring 2020 \_\_\_\_\_      Mon/Tues \_\_\_\_\_      Wed/Thurs \_\_\_\_\_

\_\_\_\_\_  
Child's Full Name (First, Middle, Last)      \_\_\_\_\_      Sex: \_\_\_ M \_\_\_ F  
DOB (MM/DD/YY)

\_\_\_\_\_  
Home Address (Residence of Child)      City      State      Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Primary Phone      \_\_\_\_\_  
Child Lives With

\_\_\_\_\_  
Mother/Guardian Full Name      \_\_\_\_\_  
Father/Guardian Full Name

\_\_\_\_\_  
Home Address (if different from child)      \_\_\_\_\_  
Home Address (if different from child)

\_\_\_\_\_  
Email Address      \_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number      \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Names of Siblings      \_\_\_\_\_  
Age

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian      \_\_\_\_\_      Date

*Cool Springs Montessori does not discriminate in enrollment on the basis of race, national origin, or religion. We do not screen children through testing. We are committed to serving children whose parents support our values and philosophy.*

**Information About Your Child:**

Please list any medical conditions, including allergies, of which the school should be aware:

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Does your child have any previous experience in a Montessori classroom? How long has he/she been homeschooled?

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Please describe your child's educational experience thus far. What has been successful? What has been challenging?

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Does your child have any special challenges (educational, medical, or psychological) that may affect his/her school experience? If so, please describe them here or request a meeting with the Education Director.

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