

RAINBOW MONTESSORI SCHOOL

SINCE 1980

FAMILY OWNED AND OPERATED

www.rainbowmontessoriaz.com

REQUEST FOR CONTINUED ENROLLMENT

FOR THE 2019-2020 SCHOOL YEAR

RETURN THIS FORM AND YOUR FEE **BY Friday, JANUARY 25, 2019**

\$225.00 1st student enrolled RE-ENROLLMENT FEE

\$200.00 2nd student enrolled RE-ENROLLMENT FEE

ALL REQUESTS FOR RE-ENROLLMENT ARE PROCESSED ON A **FIRST COME FIRST SERVE BASIS.**

CHILD'S NAME: _____ CHILD'S BIRTHDAY: _____

_____ I WOULD LIKE TO REQUEST THE FOLLOWING FOR THE **2019-2020** SESSION:

MY CHILD WILL BE: _____ YEARS _____ MONTHS -- COME SEPTEMBER 1, 2019.

I WOULD LIKE: 2 DAYS 3 DAYS 5 DAYS A WEEK. (CIRCLE)
 (T,TH) (M,W,F) (M-F)

I WOULD LIKE: AM PM ALL DAY (CIRCLE)

MY CHILD WILL BE: IN DIAPERS OUT OF DIAPERS (CIRCLE)
 NAPPING NOT NAPPING

MY CHILD MAY USE EXTENDED HOURS: (THIS PROGRAM HAS LIMITED ENROLLMENT)

BEFORE SCHOOL CARE DAYS: M T W TH F (CIRCLE)

AFTER SCHOOL CARE DAYS: M T W TH F (CIRCLE)

_____ I AM INTERESTED IN SUMMER SCHOOL INFO. The summer schedule MAY VARY from the current/past schedule.

_____ MY CHILD WILL NOT BE RETURNING. School to attend: _____

SPECIFIC REQUESTS: (CAMPUS, TEACHER, DAYS, TIMES, ETC.)

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_____ Process my re-enrollment fee via my e-check account. (Or I have included cash or check with this form)
All re-enrollment fees are non-refundable.

PARENTS SIGNATURE: _____ DATE: _____

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