



Learn and Play the Montessori Way (Caregiver + Child Program)

Payment Method: _____
Date Pym't Received: _____
Amount Paid: _____

Child's Name: _____ **Birthdate:** ____/____/____ (yy/mm/dd)
Mailing Address: _____ **City/Town:** _____ **Postal Code:** _____

Please indicate which email for correspondence: Parent 1: Parent 2: Both:
 Current marital status of parents: Married: Separated: Other:

Parent/Guardian 1 Name: _____ Address(if different from above): _____ _____ Phone:(H) _____ (Cell): _____ Email: _____ Place of Work: _____ Work Phone: _____	Parent/Guardian 2 Name: _____ Address(if different from above): _____ _____ Phone:(H) _____ (Cell): _____ Email: _____ Place of Work: _____ Work Phone: _____
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Infants: (0-9mths)

Tuesday 10:45-11:55
 Tuesday 12:50-2:00
 Wednesday 9:15-10:25

Baby: (7-14 mths)

Tuesday 9:15 - 10:25
 Wednesday 10:45 -11:55
 Wednesday 12:50-2:00

Toddler: (12-24 mths)

Thursday 9:15-10:15
 Friday 10:45-11:45

Two's:(24-36mths)

Thursday 10:45-11:45
 Friday 9:15-10:15

Preschool: (3-4 Years)

Thursday 12:30-1:30
 Friday 12:30-1:30

Cost:

Infants/Babies: \$342.00/Semester
 Toddlers/Two's/Preschool: \$297.00/Semester

Learn and Play the Montessori Way: Semester Based

Semester 1: September 11 - November 10

Semester 3: January 29 - March 29

Semester 2: November 13 - January 26

Semester 4: April 8 - June 7

I acknowledge that Early Achievers may photograph or video students throughout the day. Such photographs or videos may be used to share with parents or used for publicity purposes which may include social media. Students' names will not be attached.

In case of emergency, I give permission for treatment by a qualified doctor, or any person qualified to give emergency treatment, I release Early Achievers from any liability for injury that may arise or be occasioned thereof. I hereby grant permission for the teacher to take whatever steps may be necessary to obtain emergency care, including the use of an ambulance.

Parent/Guardian Signature: _____ Date: _____