



ENROLLMENT APPLICATION

Date Received _____ Child's Start Date: _____ (2½ yrs. _____) Deposit Amount _____
(For office use only)

Please complete this section in order of preference.

- Full Day: 7:00 AM - 5:45 PM
 School Day: 8:30 AM - 3:00 PM
 Half Day AM: 8:00 AM - 11:15 AM
 Half Day PM: 12:00 PM - 3:15 PM

Campus Choice:

- Ahwatukee
 Chandler (no half day PM classes)

Child's name: _____ Nickname: _____

Date of birth: _____ Gender: Male Female

Child living with: Both Parents Mother Father Other

Parent or guardian: _____

Home Address: _____ City: _____ Zip: _____

Major cross streets _____

Best Phone # to reach you at: _____

Email Address: _____

Father's occupation: _____

Mother's occupation: _____

Firm: _____

Firm: _____

Phone: _____

Phone: _____

How did you hear about us? Family/Friends (name) _____

Online search Social media Other _____

What are your reasons for choosing Ahwatukee Foothills Montessori / AFM Chandler?

Child's health: general condition: _____

Any known birth injuries/physical handicaps? _____

Food and/or Other Allergies: _____

Vision: _____ Hearing: _____

Any health conditions in family having influence on child? _____

Siblings & their ages: _____

Previous school attended: _____

Signatures: Mother: _____ Father: _____

A \$75.00 non-refundable deposit must accompany this enrollment application.
Personal check or cash only please.