

# AFM Education

## PRE-ENROLLMENT APPLICATION

Child's name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender:  Male  Female

Home address or major cross streets: \_\_\_\_\_

Previous school attended: \_\_\_\_\_

### Program Selection (Preschool & Kindergarten)

- |                                       |                    |
|---------------------------------------|--------------------|
| <input type="checkbox"/> AM Half Day  | 8:30 AM — 12:00 PM |
| <input type="checkbox"/> PM Half Day  | 12:00 PM — 3:30 PM |
| <input type="checkbox"/> Full Day     | 8:30 AM — 3:30 PM  |
| <input type="checkbox"/> Extended Day | 7:00 AM — 6:00 PM  |

### Parents Information

Parent/Guardian 1: \_\_\_\_\_ Parent/Guardian 2: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Parent or Guardian's Signature: \_\_\_\_\_

How did you hear about us?  Family/Friends  Online search  Social media  Other \_\_\_\_\_

Referred By: \_\_\_\_\_

Is the child fully potty trained – yes / no / how close: \_\_\_\_\_

Child's health & general condition: \_\_\_\_\_

Food and/or Other Allergies: \_\_\_\_\_

Sibling(s) & their age: \_\_\_\_\_

This document will not enroll your child or save you a spot.  
The purpose of this form is to place your child in our Waitlist Queue.

A \$75.00 non-refundable and non-transferable application fee must accompany this pre-enrollment application.  
Please, pay with personal check, cash, or using our QuickBooks link.

If you are looking for a safe and enriching environment for your child, please contact us:

#### Ahwatukee Foothills Montessori

3221 E Chandler Blvd., Phoenix, AZ 85048

Phone: 480 759 3810

Email: [marketing@afmeducation.com](mailto:marketing@afmeducation.com)

We strive to maximize your child's potential

