



Date rec'd _____	Reg. Number: _____
Time rec'd _____	Sibling? Y N
Check attached Y N	Name: _____
Initials _____	Year Attended: _____

Élan Vital Montessori – Toddler Application for Admission for 2010/2011 School Year

We hereby make the following application for the admission of our child (who will be at least 18 months by August 16, 2010) to Élan Vital Montessori – Toddler and submit the following information:

Child's Full Name: _____ Nickname: _____

Date of Birth: _____ Present Age: _____ months Sex: _____

Home Address: _____ Zip: _____

Home Telephone: _____ Email: _____

1st Parent's or Guardian: _____

Business Address: _____

Business Phone: _____

Cell Phone: _____

2nd Parent's or Guardian: _____

Business Address: _____

Business Phone: _____

Cell Phone: _____

By signing this application, I understand that if I enroll, I agree to commit to supervising Élan Vital Montessori – Toddler classes 1-2 times a month as scheduled, as well as, volunteering for other cooperative duties.

I accompany this application with a \$100 check payable to Élan Vital Montessori - Toddler for the non-refundable application fee.

Parent's Signature: _____ Date: _____

Applications may also be mailed to Élan Vital Montessori – Toddler, c/o Carissa Graves, 5228 Perkins Road, Baton Rouge, LA 70808.