



CADEMY FOR CHILDREN

A Montessori School and
Child Care Center

TEL. 701-280-0718

AFCMONT@att.net

REGISTRATION FORM

2026-2027

Office use only

Registration _____

Activity _____

Material _____

Ck. #/ Cash _____

Rate _____

Vac. Days _____

CHILD'S NAME _____ BIRTHDATE ____/____/____ AGE _____

FIRST MIDDLE LAST

ADDRESS _____ ZIP _____ HOME PHONE _____

PARENT'S NAME _____ PARENT'S NAME _____

OCCUPATION _____ OCCUPATION _____

CELL PHONE _____ CELL PHONE _____

BUSINESS PHONE _____ BUSINESS PHONE _____

EMAIL ADDRESS _____ EMAIL ADDRESS _____

PROGRAMS (CHECK PROGRAM TO BE ENROLLED IN):

_____ Elementary (Summer only) 8:40 am – 3:15 pm

_____ Full Day Preprimary 8:40 am – 3:15 pm

_____ 5 Day Preprimary*

_____ Morning 8:40 am – 11:30 am _____ Afternoon 12:15 pm – 3:15 pm

_____ Toddlers

_____ 5 Day Morning 8:40 am – 11:30 am

_____ Full Day Toddler 8:40 am – 3:15 pm

_____ Infants

_____ Full Day Infant 8:40 am – 3:15 pm

_____ Program checked above and childcare

full-time

contractual**

_____ 12 month (June-May)

_____ 3 month (June-Aug.)

_____ 9 month (Sept.-May)

**Please fill in days/hours you wish to enroll for Contractual Child Care:

Mon.—a.m. from _____ to _____ : p.m. _____ to _____ : total # hours _____

Tues.—a.m. from _____ to _____ : p.m. _____ to _____ : total # hours _____

Wed.—a.m. from _____ to _____ : p.m. _____ to _____ : total # hours _____

Thur.—a.m. from _____ to _____ : p.m. _____ to _____ : total # hours _____

Fri. —a.m. from _____ to _____ : p.m. _____ to _____ : total # hours _____

A \$135.00 non-refundable Registration Fee (per family) plus \$110.00 Student Activity Fee (per child) are required with this form. Children enrolled in our summer and fall programs pay only one registration fee.

I understand that I have the option to withdraw this application if I give a 30-day written notice to the administration of the school. I understand that all fees are non-refundable.

I grant the permission of my child to participate in research and evaluation programs conducted by the Academy for Children. I grant permission for the use of pictures, which may be taken for this facility in which my child may appear, to be used for education and public relations purposes, such as appearances in articles, films or magazines.

I understand my first month's tuition will be payable one month in advance. For example, September tuition is due August 10th.

Signature of Parent or Guardian

Date