

SPRING Bilingual Montessori Academy
 3514 Plyers Mill Rd., Kensington, MD 20895 301.962.7262

SBMA No. _____ Date _____
 Year _____ DOE _____

REGISTRATION for 2009-10

CHILD'S NAME _____ M F
 ADDRESS _____ AGE _____ DOB _____
 PARENTS: Mother _____ Father _____
 Addresses: _____
 Phone Nos: _____
 E-mail: _____
 Responsible Party(ies) for Tuition Name _____ Phone _____ Relationship to child _____

programs

PRIMARY (8:30 - 11:45) LUNCH (11:45 - 12:30)
 FULL DAY (8:30 - 3:00)
 SPANISH FRENCH ITALIAN
 EXTRA CARE am _____ pm until 4 _____ 5 _____ 6 _____

Please enroll my child in the program(s) indicated. I understand that registration is not complete until I have submitted a signed Enrollment Agreement and the tuition deposit of \$200. I also understand that tuition and fees in accordance with the signed Enrollment Agreement, and my child's Certificate of Immunization and authorizations, are due before my child enters school.

Parent Signature _____ Date _____
 Cell or Daytime phone # _____

OFFICE NOTES

Tuition: Amt _____ Monthly _____ Semi-annual _____ Annual _____
 Extra-care: Hours _____ Monthly _____ Semi-annual _____ Annual _____
 Contract date _____ TD pd _____
 Comments _____