



FALL RESERVATION FORM 2011-2012 Academic Year

I wish to enroll my child _____ at Skinner Elementary Montessori School for the 2011-2012 academic year. This form must be completed and returned to the office with a \$200.00 check in order to reserve a space for your child.

CURRENT SKINNER FAMILIES: Spaces are confirmed on a first come, first serve basis. **ALL PARENTS, REGARDLESS OF CURRENT ROOM PLACEMENT, MUST SUBMIT A FALL RESERVATION FORM AND PAYMENT. As of April 1, 2011, all remaining spaces are open to the public.**

PRIMARY (Ages 2½ through Kindergarten)

PRESCHOOL: _____ Half Day (8:00 a.m. – 1:00 P.M.) **Teacher preference:** _____
_____ Full Day (8:00 a.m. – 3:15 P.M.) **Teacher preference:** _____

KINDERGARTEN: _____ Full Day (8:00 a.m. – 3:15 P.M.) **Teacher preference:** _____

(Kindergarten students must be five years old by August 31, 2011. Copy of birth certificate required.)

LOWER & UPPER ELEMENTARY Full Day (8:30 a.m. – 3:45 p.m.)

LOWER ELEMENTARY: Kindergarten & Grade 1

Grade level: _____ **Teacher preference:** _____
(Kindergarten students must be five years old by August 31, 2011. Copy of birth certificate required.)

UPPER ELEMENTARY: Grades 2nd through 6th **Grade level:** _____

I understand and acknowledge that the application and/or reservation fee is non-refundable and non-transferable. In addition, the reservation fee will be applied toward the first month's tuition, **WHICH IS DUE AUGUST 1, 2011.**

Parent Signature: _____

Please Print: _____

Date: _____