

# Child & Family Information Form

## Mountain West Montessori

*\*All fields are required\**

Student Name \_\_\_\_\_  
Last First Middle

Program Entering \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone# \_\_\_\_\_  
Home# Mother's Work # Father's Work #

Father's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Father's Email address \_\_\_\_\_

Mother's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Email address \_\_\_\_\_

By signing this I agree to be charged any tuition remaining at the end of the school year on this Credit Card.

Visa/Mastercard/Discover/American Express

CC#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*This information will be used for school purposes only and will remain completely confidential.\**