

Montessori Academy

(956) 423-5050

HarlingenMontessori.com

Today's Date: _____

REGISTRATION FORM: Grades K-6

Student:

First Middle Last

Address City/Zip Code

Date of Birth Home Phone Social Security #

Parent/
Guardian:

First Middle Last

Address (if different from Student) Home Phone Cell Phone

Employer/Position Work Phone

Parent/
Guardian:

First Middle Last

Address (if different from Student) Home Phone Cell Phone

Employer/Position Work Phone

Extended Care (monthly fees):

Morning 7:00-7:45 (\$85) **Afterschool** 2:30-4:00 (\$165) 2:30-5:00 (\$175) 2:30-5:30 (\$185)

Does your child have any known allergies? Yes No

If yes, please list: _____

Would you like to include your contact number in our School Directory?

- Yes, publish _____ and/or _____
(Home) (Cell)
- No, do not publish my contact information in the school directory.

ACKNOWLEDGMENT

We have reviewed and accept the tuition rates for the 2025-2026 school year and agree to the payment and fee schedule, understanding that late fees may apply.

____ Initials ____ Initials

Please return this form with your Registration Fee of \$300.00

FOR INTERNAL USE ONLY

\$ _____ Cash/Check # _____ Received by _____ Date _____