

**Little Samaritan Montessori Center**

162 Millsaps Avenue, Jackson, MS 39202  
601-354-5685

**APPLICATION**

CHILD'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF BIRTH (M/D/Y) \_\_\_\_\_ GENDER: FEMALE MALE

STREET ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PARENT(S) NAME(S) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

BUSINESS NAME, ADDRESS AND PHONE (MOTHER) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUSINESS NAME & ADDRESS AND PHONE (FATHER) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LITTLE SAMARITAN MONTESSORI CENTER IS OPEN FROM 7:30 AM TO 5:30 PM.

HOURS YOUR CHILD WILL BE AT THE CENTER: FROM \_\_\_\_\_ TO \_\_\_\_\_

PLEASE GIVE THE DATE YOU WOULD LIKE TO ENROLL YOUR CHILD: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

WHAT ARE YOUR EXPECTATIONS REGARDING YOUR CHILD'S EXPERIENCE AT THE LITTLE SAMARITAN MONTESSORI CENTER (USE BACK):

*updated January 2007*