

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