

Father's Information:

| | | | |
|------|-------|--------|------|
| Name | First | Middle | Last |
|------|-------|--------|------|

| | | |
|------------|-----------------|-------------|
| Occupation | Business Number | Cell Number |
|------------|-----------------|-------------|

Household Information:

Sibling Names & Ages:

How Did You Hear About Peace Montessori?

I give permission to use my email for school communications: ___ yes ___ no

Email address _____

Applications will be processed based on the date of receipt. If the program that you have chosen is full, you will be notified and given the option of selecting another program or being placed on the waiting list for a \$50 non-refundable fee.

Applications may be mailed to:

Peace Montessori
 Attention: Sharon Bryant
 2190 North Salem Street, Number 103
 Apex, NC 27523
 Phone; 919-363-2461

The undersigned hereby acknowledges that the information in this application is accurate in all respects.

Parent/Guardian Signatures _____

Date: _____