



RE-ENROLLMENT FORM

[Please return this form along with the \\$100 re-enrollment/supplies fee to secure your child's spot.](#)

CHILD'S FULL NAME: _____ **BIRTHDATE** _____

CIRCLE DAYS TO ATTEND: MONDAY TUESDAY WEDNESDAY THURSDAY

CIRCLE YOUR TUITION RATE:

4 days/week: \$500/month

3 days/week: \$380/month

2 days/week: \$260/month

1 day/week: \$160/month

Please update us with any changes such as phone number, address, health info and names of those who can pick up your child.

I agree to the enrollment and school policies of The Knowledge House Montessori Preschool & Kindergarten as outlined in the Parent Handbook.

PARENT EMAIL: _____

PARENT SIGNATURE: _____ **DATE:** _____

_____ **MY PAYMENT IS ENCLOSED**

_____ **SEND ME AN INVOICE TO PAY THROUGH THE HIMAMA APP**

