



ADMISSION AGREEMENT

I have read, understand and will comply with the policies set forth by Hillside Montessori.

My child will attend _____ days per week at \$ _____, payable in advance.

Signature of Parent _____ Date _____

Signature of Facility Representative _____ Date _____

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PARENTS RIGHTS

This will acknowledge that We, the Parent's of _____

Have received a copy of: "Parent's Rights" from the licensee or authorized representative of Hillside Montessori

CHILDREN'S PERSONAL RIGHTS

I, as the designated representative and/or parent/guardian of _____

Have been personally advised and have received a copy of these rights at the time of his/her admission to Hillside Montessori

Signature of Parent(s) / Guardian(s)

Date

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PARENT DIRECTORY

Would you like to be included in the Parent Directory? Yes / No

Name _____

Address _____

Telephone _____

Email _____

Signature of Parent(s) / Guardian(s)

Date