



Change of Enrollment Form

5001 Northwood Drive
Anchorage, AK 99517
(907) 276-2240 Fax (907) 258-3552
admin.support@anchoragemontessorischool.org

Student Name: _____ **Date of Birth:** _____ **Current Class:** _____

Parent Name: _____ **Phone Number:** _____ **Desired Start Date:** _____

10-Month Toddler Programs (August – May)

Check One	Desired Class
<input type="checkbox"/>	2 Day Toddler AM (Monday - Tuesday)
<input type="checkbox"/>	3 Day Toddler AM (Wednesday - Friday)
<input type="checkbox"/>	5 Day Toddler AM (Monday - Friday)
<input type="checkbox"/>	2 Day Toddler PM (Monday - Tuesday)
<input type="checkbox"/>	3 Day Toddler PM (Wednesday - Friday)
<input type="checkbox"/>	5 Day Toddler PM (Monday - Friday)

12-Month Toddler Programs (June-May)

<input type="checkbox"/>	Full Day Toddler (8:00 – 4:00 Monday - Friday)
<input type="checkbox"/>	Full Day Toddler After Care (4:00 – 5:00 Monday - Friday)

10-Month Primary Programs (August – May)

<input type="checkbox"/>	Half Day Primary AM – Year 1 & 2 Only
<input type="checkbox"/>	Half Day Primary PM – Year 1 & 2 Only
<input type="checkbox"/>	Extended Day Primary (8:15 - 3:15) Year 3 Only

12-Month Primary Programs (June-May)

<input type="checkbox"/>	Full Day (8:30 - 3:30) Year 1, 2 & 3
<input type="checkbox"/>	Before Care Only (7:30 - 8:30)
<input type="checkbox"/>	After Care Only (3:30 – 5:00) Year 1, 2 & 3
<input type="checkbox"/>	Before & After Care(7:30 - 8:30 & 3:30 – 5:00) Year 1, 2 & 3

10-Month Elementary & Extended Day Programs (August – May)

<input type="checkbox"/>	Before Care Only (7:30 - 8:30)
<input type="checkbox"/>	After Care Only (3:15 – 5:00)
<input type="checkbox"/>	Before & After Care(7:30 - 8:30 & 3:15 – 5:00)

Reason for Request: _____

I understand that AMS will notify me when the requested program is available and I will have the opportunity to accept the change of enrollment before it occurs. Upon placement, I agree to the new tuition rate for the program I have selected above and the terms and conditions on the back of the *Tuition Agreement* form already on file with the office.

Signature: _____ **Date:** _____

Following Section Office Use Only: **Date Form Received:** _____ **Initials:** _____ **Offer Date:** _____

Classroom: _____ **Class Accepted:** Yes No **Start Date:** _____ **Initials:** _____

Comments: _____

Entered in Attendance _____ Entered in C.C. _____ Entered in Q.B. _____ Entered in HM _____