



3013 Orange Grove, Christiansted VI 00820 \* P 340-692-2859 F 340-719-8079 \* Email [stxmontessori@gmail.com](mailto:stxmontessori@gmail.com)

## Application for Enrollment

Child's Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
last first middle

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ M \_\_\_\_ F Child's Social Security# \_\_\_\_\_  
mo day yr

### Parent/Guardian Information

Parent A/Guardian Name: Mr./Mrs./Ms./Dr. \_\_\_\_\_

Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
City, State Zip

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ Telephone \_\_\_\_\_

Parent B/Guardian Name: Mr./Mrs./Ms./Dr. \_\_\_\_\_

Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
City, State Zip

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ Telephone \_\_\_\_\_

Child Lives With \_\_\_\_ Both Parents \_\_\_\_ Parent A \_\_\_\_ Parent B

Previous Schooling (please list names of schools previously attended, and the age of the child while attending) \_\_\_\_\_

Please return completed application, together with the \$300.00 registration fee for immediate processing to:  
St. Croix Montessori \* 3013 Orange Grove, Christiansted, VI 00820 \*  
\* E-mail [stcroixmontessori@gmail.com](mailto:stcroixmontessori@gmail.com).

St. Croix Montessori School is non-denominational and non-discriminatory. We welcome children from all backgrounds. Thank you for interest in our school.

For office use only: Date Received \_\_\_\_\_ Rec'd By \_\_\_\_\_