

# mommy & me

## APPLICATION FOR ADMISSION



### APPLICANT INFORMATION

Applicant's Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's Age \_\_\_\_\_ ☐ Male ☐ Female  
Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PARENTS / GUARDIANS

Father/Guardian Name ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Mother/Guardian Name ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr

☐ Check if home address is same as student's address

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Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Primary Email \_\_\_\_\_

Primary Email \_\_\_\_\_

### PROGRAM

☐ Mommy and Me  
\$150/month

**Includes 4 Classes**

**Tuesdays at 9:00am or 10:00am**

☐ Mommy and Me + Enrichment  
\$275/month

**Includes 8 Classes**

**Tuesdays & Thursdays at 9am or 10am**

Check # \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

I certify that all information given in the application process is complete and accurate. I understand that failure to disclose information about the applicant's medical, educational or emotional history may affect the school's admissions decision. The school reserves the right to reverse an admissions decision, even after acceptance and enrollment, if such information has been withheld from the school. I further understand acceptance is based on approval of credit and that I may be subject to a credit check by Fairmont Schools, Inc.

Print Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_