

STARGATE MONTESSORI

11782 HWY 44 East,
Mt. Washington, KY 40047

Parent Information

Name of Mother:	
Address:	Zip:
SS#	Telephone #
Place of Employment:	
Work #	
Name of Father:	
Address:	Zip:
SS#	Telephone #
Place of Employment:	
Work #	

LIST PERSON OR PERSONS RESPONSIBLE FOR PAYMENT OF CENTER FEE:

IF OTHER THAN PARENT DESCRIBE THE RELATIONSHIP:

I ACKNOWLEDGE THAT ALL INFORMATION ABOVE IS CORRECT AND WILL BE HELD IN MY FILE AT THE CENTER. I ALSO ACKNOWLEDGE THAT IF SOMEONE OTHER THAN THE PARENT IS LISTED AS RESPONSIBLE FOR THE PAYMENT OF THE FEES AND FAIL TO MAKE PAYMENT, I AS THE LEGAL PARENT / GUARDIAN WILL BE HELD RESPONSIBLE FOR PAYMENT OF SUCH.

PARENT SIGNATURE

DATE