



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)

Initial	Desired Class
	2 Day Toddler AM (Monday - Tuesday)
	3 Day Toddler AM (Wednesday - Friday)
	5 Day Toddler AM (Monday - Friday)
	2 Day Toddler PM (Monday - Tuesday)
	3 Day Toddler PM (Wednesday - Friday)
	5 Day Toddler PM (Monday - Friday)

12-Month Toddler Programs (June-May)

	Full Day Toddler (8:00 – 4:00 Monday - Friday)
	Full Day Toddler After Care (4:00 – 4:30 Monday - Friday)

10-Month Primary Programs (August – May)

	Half Day Primary AM – Year 1 & 2 Only
	Half Day Primary PM – Year 1 & 2 Only
	Full Day Primary (8:30- 3:30)

12-Month Primary Programs (June-May)

	Full Day (8:30 - 3:30) Year 1, 2 & 3
	Before Care Only (7:30 - 8:30)
	After Care Only (3:30 – 4:30) Year 1, 2 & 3
	Before & After Care(7:30 - 8:30 & 3:30 – 4:30)Year 1, 2 & 3

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

	Before Care Only (7:30 - 8:30)
	After Care Only (3:15– 4:30)
	Before & After Care(7:30 - 8:30 & 3:15– 4:30)

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 Accounting _____ Entered in Facts _____