



Application for Admission

School Year: 2020-2021

Application for placement in the following program:

_____ Full day Montessori Day School (8:30 a.m. to 2:30 p.m.)

_____ Half day Montessori Day School (8:30 a.m. to 11:30 a.m.)

_____ Child Embracement Program

Student Information:

Last Name: _____ First Name: _____

Nickname or preferred name: _____

Date of Birth: _____ Age _____

Street Address _____

City, State, Zip _____

Allergies/medical conditions/medications _____

Primary Guardian Information

Name: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

Secondary Guardian Information

Name: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

Sibling information (names and ages):

Registration Fee: \$250 is due at time of enrollment

Office Use Only

Registration Fee: \$ _____

Invoice # _____

Seat # _____

Waitlist # _____