

NEW STUDENT APPLICATION

A non-refundable \$75 fee (\$65 per additional child) must accompany this form.
Please use one form per child.

Child's Name:	Sex: M or F
Age / d.o.b.	Toilet-trained: Y or N
How'd you hear about us?	Intended start date:
Programs previously attended:	
Your child's siblings and ages, if any:	

EMAIL:

This email address will be used to contact you regarding this application.

Parent 1	Parent 2
EMAIL	EMAIL
Address	Address
City, Zip	City, Zip
Phone	Phone
Employer	Employer
Work Address	Work Address
Work Phone	Work Phone

Place an asterisk* by your child's primary residence.

PROGRAM AND SCHEDULE OPTIONS

- | | |
|--|---|
| <input type="checkbox"/> Half Day, 9a-12p | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> Half Day with Lunch, 9-1p | <input type="checkbox"/> 4 days, Monday-Thursday |
| <input type="checkbox"/> Extended Day 9a-4p
Nap? yes no | <input type="checkbox"/> 4 days, Tuesday-Friday |
| <input type="checkbox"/> Full Day 730a-530p
Nap? yes no | <input type="checkbox"/> Kindergarten 9a-3p, M-F (5 yrs. by Sept. 30)
If space is available, our kindergarten is open to Montessori transfers. |
| <input type="checkbox"/> Before School 730-9a | |
| <input type="checkbox"/> After School 4-530p | |

Returning an application implies that you have toured the school and observed a class. You'll be emailed once your application is processed and within 2 weeks of receipt. Notification of acceptance begins in March. If space is available, you'll be asked to return a contract and non-refundable tuition deposit of \$300 to hold the opening. If there's no space, you will be put on a waitlist.

Priority goes to returning students, Montessori transfers, and children who will attend at least 2 years. Preference is given to full-time children enrolled for 5 extended or full days. You may state your preference for the East or West class, and we'll do our best to accommodate you, but placement is determined by the director and teachers in an effort to balance each class by age, gender, experience, and total enrollment. Final schedules and class lists are released in early August.

Children must be fully immunized to attend. Only medical exemptions indicated by a doctor will be honored.

Signature: _____ Date: _____

The \$75 fee is non-refundable and **MUST** accompany this form. **RETAIN A COPY OF YOUR COMPLETED APPLICATION.**

School Use	Rcv'd:	Fee:	K:	Dep:
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