

Montessori for Toddlers Application

Child's name _____

Nickname _____ Date of Birth _____

Address _____

City _____ Zip _____

Child Lives with:

Both parents _____ one parent _____

Siblings:

Name _____ age _____ Name _____ age _____

Name _____ age _____ Name _____ age _____

Previous experience away parents/home: (check one or write explanation)

Nanny _____ Babysitter _____ Daycare _____

Parent's Name _____

Occupation _____

Employer _____ phone _____

Home phone _____ Cell _____

e-mail _____

(will only be used for billing and school correspondence)

Parent's Name _____

Occupation _____

Employer _____

Home phone _____ cell phone _____

e-mail _____

**I, hereby, make application for the above child in Montessori for
Toddlers for the academic year,**

Beginning _____
Month/year

And ending June _____.
year

Check 1st choice and indicate which days, (Monday – Friday) are your preference:

9:00 a.m. – 1:00 p.m.

2 days per week _____

3 days per week _____

4 days per week _____

5 days per week _____

If you are flexible on the days per week please check here _____

We will make every attempt to honor your requested days. Sometimes a long wait list prohibits giving everyone their first choice of days.

I have enclosed the \$40.00 application fee. (non-refundable)

Signature: _____

Date: _____

Notes

- Tuition is based on an annual tuition amount that is divided into equal monthly installments regardless of the # of school days in any given month
- \$150 insurance fee is due at the time of acceptance to the program.
- Tuition is due on the 15th of the month preceding enrollment date.
- Receipt of this application puts your child on our waiting list.
- You will be notified when an opening becomes available for your child. Most families are notified in April for the following school year unless applying for a mid-year opening.