



Preschool Application

Date Desired for Admission: _____ Birth Date: _____

Please Select One: Prep (2-3.5 yrs): _____ Preschool (3 – 6 years): _____

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ (Minimum 3-days per week)

FOR PREP:

Morning Childcare (7-9 am): _____ Afternoon Childcare (12-6 pm): _____

Max Monthly Rate: \$1,445.00: _____

FOR PRESCHOOL:

AM Class (9 am-12 pm): _____ All Day Class (9 am – 3 pm): _____

Morning Childcare (7-9 am): _____ Afternoon Childcare (12-6 pm): _____

Max Monthly Rate: \$1,350.00: _____

Child's Last Name: _____ Child's First Name: _____

Middle Name: _____ Nickname: _____ Gender: _____

Address: _____ City/Zip: _____

Parent/Guardian Name: _____ Social Security #: _____

Cell #: _____ Work #: _____

Email: _____

Parent/Guardian Name: _____ Social Security #: _____

Cell #: _____ Work #: _____

Email: _____

Has child attended a Montessori preschool previously? _____

School Name: _____ Dates: _____

How did you hear of Choice in Learning Montessori? _____

Please return this form with your \$175 application fee. Your spot will be held for 30 days. Minimum 4 weeks written notice is required to discontinue your child's enrollment.

Parent/Guardian Signature: _____

For Office Use: App Rcvd: _____ Fee Rcvd: _____ Entered: _____ Sibling: _____