



LAKESWOOD
MONTESSORI

Application for Admission

Enrollment in waiting pool is contingent on payment of \$100.00 tuition deposit.

Today's Date _____

Child's Name _____ Gender _____ Birth Date _____
Address _____ City _____ State _____ Zip _____

Mother/Guardian's Name _____ Cell Phone _____
Address (if different) _____ City _____ State _____ Zip _____
Business Name _____ Work Phone _____
E-mail Address _____

Father/Guardian's Name _____ Cell Phone _____
Address (if different) _____ City _____ State _____ Zip _____
Business Name _____ Work Phone _____
E-mail Address _____

Select Program:

- Children's House (Ages 2.5 years-Kindergarten)
- Toddler Community (Ages 15 months-3 years)

Select Schedule:

Option 1: School Year (September-May 9 month session)

- Half Day (8:30-12:30)
- Full Day (8:30- 3:00)

Option 2: All Year Montessori Educator (AYME) (August-May 10 month session)

- (7:00-4:30)

Option 3: All Year Montessori (AYM) (12 month session)

- (7:00-6:00)

By signing below, I acknowledge that the deposit I submit today is non-refundable.

Signature _____ Date _____

Office Use Only

Deposit paid: _____ Email: _____ Confirm Admission: _____ Start date: _____

Call Date: _____ Deadline Date: _____ Room number: _____ Email response: _____

Deny Admission date: _____ Back on waiting list for: _____ Take off waiting list: _____

Notes: _____