

**The Montessori School
of Washington Park**
320 South Sherman St. Denver Co. 80209



Primary Application

Today's Date: _____

Application is hereby made for the admission of:

Child's Name: _____

Date of Birth: _____ Age as of 10-01-2022 _____

Have you applied in the past? Yes ___ NO ___

Last Program Completed: _____

Student's Last School: _____

How did you hear about MSWP? _____

PROGRAM SELECTED:

Montessori Program: (check one) Part-time: 8:30 am - 12:30 pm

Full-time: 8:30 am - 3:00 pm

I understand the deposit of one month's tuition is NONREFUNDABLE _____.

Signature

FAMILY INFORMATION:

Parent (or Guardian)

Parent (or Guardian)

Full Name: _____

Address: _____

Occupation _____

Phone:(cell or hm) _____

E-mail address: _____

DATE OF ENROLLMENT _____

___ Deposit Paid Amount: _____ Check #: _____ Date: _____

___ Work Bond Paid Amount: _____ Check #: _____ Date: _____

___ Materials Fee Paid Amount: _____ Check #: _____ Date: _____

___ Application Fee Amount _____ Check # _____ Date: _____

___ Application ___ Student Emergency Form

___ Financial Agreement ___ Background Information on Child

___ Immunization Card ___ Current Photo (2)

___ Record of Physical Exam Date: _____