

The Montessori School of Washington Park

320 & 324 South Sherman St. Denver Co. 80209

Toddler Community Application



Today's Date: _____

Application is hereby made for the admission of:

Child's Name: _____

Date of Birth: _____ Age in months at time of application _____

Have you applied in the past? Yes ___ NO ___

Is your child walking well at the time of this application Yes _____ No _____

Last Program Attended: _____

How did you hear about MSWP? _____

PROGRAM SELECTED:

Montessori Program: (check one)

Part-time: 8:30 am - 12:00 pm

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

Tuition Deposit: One month tuition (non-refundable). This deposit is non-refundable between receipt of payment and your child's first day or as mentioned above.

I understand the tuition Deposit is **NON-REFUNDABLE**.

Signature

Date

FAMILY INFORMATION:

Parent (or Guardian)

Parent (or Guardian)

Full Name: _____

Address: _____

Occupation _____

Phone _____

E-mail address: _____

STUDENT FILE CHECKLIST (Office Use)

DATE OF ENROLLMENT _____

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

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

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

___ **Application Fee** \$75 Amount _____ Check # _____ Date: _____

___ Application

___ Student Emergency Form

___ Financial Agreement

___ Background Information on Child

___ Immunization Card

___ Current Photo (2)

___ Record of Physical Exam Date: _____