

Child's Full Name:	Dat	e of Birth:	_ Current age:YM
Gender:□ M □ F Inte	nded Start Date:	Parent Phone	#:
Current Address:			
Enter your child's prograr	n choice in the order of prefe	rence (1st, 2nd, so on). All pr	ograms will be offered five days
a week from Monday thro	ugh Friday.		
□ AM (9-12) □ PM (1	-4) □Full Day (9-4)		
Note: Program placement not take special requests f		e. Full Day Program requests	s will be considered first. We do
Parent/Guardian 1	Relationship to Child	Parent/Guardian 2	Relationship to Child
Occupation	Employer	Occupation	Employer
Cell Phone	Work Phone	Cell Phone	Work Phone
Email Address		Email Address	
How did you hear about u	s?		
Does your child have any	prior preschool/daycare expe	rience or has attended a Pare	ent Co-Op School? If yes, please
list the name(s) of the sch	ools attended, number of mo	nths attended, and reason fo	r leaving the school:
To begin processing th	ne application, a non-refu	ndable registration fee o	f \$100 is required for all
new students, please z	elle fee to <u>tuition@villam</u>	<u>ontessori.net</u> . Registrati	on fee will not be applied
toward tuition. Returr	ning students do NOT nee	d to pay the Registration	Fee. Please promptly notify
the school office of any Villa Montessori!	y changes to your contact	information in the futur	e. Thank you for choosing