



CHOICE IN
Learning
Montessori

Preschool Application

Date Desired for Admission: _____ Birth Date: _____

Age at Time of Desired Admission: _____

Mark Preference (all): _____ A.M. _____ All-day _____ Before Care _____ After Care

▶ **AM** - 9:00 - 12:00 ▶ **All-day** 9:00 - 3:00 ▶ **Before Care** 7:00 - 9:00 ▶ **After Care** 3:00 - 6:00

Child's Last Name: _____ Gender: _____

Child's First Name: _____

Middle: _____ Nickname: _____

Address: _____ City/Zip: _____

Phone: (h) _____ Phone: (c) _____

E-Mail Address: _____

Parent/Guardian Name: _____ Phone: _____

Social Security Number: _____

Email: _____

Parent/Guardian Name: _____ Phone: _____

Social Security Number: _____

Email: _____

Sibling Name(s) Birth Date(s) _____

Has child attended a Montessori preschool previously? _____

School Name: _____ Dates: _____

How did you hear of Choice in Learning Preschool? _____

Please return this form with your \$175 application fee.

For Office Use:

App Rec _____ Fee Rec _____

Entered _____ Sibling _____