## **Country Day Montessori School**

2023-2024 New Student Application

	Child's Name:	Age in August:	DOB:	
	Primary Phone: Primary B	Email:		
	Address, City, Zip:			
	Father's Name:	Cell Phone: _		
	Mother's Name:	Cell Phone:		
	If child < 3 years old, date fully potty trained:	Date started p	otty training:	
Plea	se Indicate Program of Interest: Circle One: Pro	eschool Kindergar	ten 1st grade	
☐ 5 Day Program (Mon - Fri) 9:00am - 3:00pm		10 payments >	ς \$710.00	
☐ 3 Day Program* (M. Tu. W.) 9:00am - 3:00pm		10 payments >	10 payments x \$660.00	
☐ 5 Day Program with Morning/After Care Hours 7:30am - 5:3		pm 10 payments >	10 payments x \$995.00	
☐ Morning care option: 7:30am - 9:00am		Monthly add o	Monthly add on payment x \$145.00	
☐ After school care option: 3:00pm - 5:30pm		Monthly add o	n payment x \$195.00	
	*Limite	ed space - priority given to	o our youngest students	
current op placement, I v	tand my child might be placed on a waitlist if Co bening. I have read the Enrollment process and vill be notified by phone and email. For this reas contact information changes. I have read and un Schedule associated with enrollment at Co	understand when my on, I will inform Cour derstand the Prograr	child is offered atry Day Montessori on Fees and Tuition	
Parent Signature:		Date:		
To confirm a pla	ce on the waitlist, please staple a non-refundable app	olication fee of \$75.00 ar	nd return form to CDM	
App rcvd	(date)    Fee rcvd (check #)    Entered on waitlist	 (initial) Enrolled	======= (date/initial)	