

Country Day Montessori School

New Student Application 2019-2020



Today's Date: _____

Name of child _____ Birthdate _____

Home phone _____ Primary email _____

Address _____ City _____ Zip _____

Father's name _____ Cell Phone _____

Mother's name _____ Cell Phone _____

If child < 3 years old, date fully potty trained _____ Attended an Observation?: Y / N

Please Indicate Programs of Interest:

_____ I am interested in CDM's weekly Summer Program and would like to receive more information

_____ 5 Day Program Monday - Friday 9:00 a.m. - 3:00 p.m. \$630

_____ 5 Day Program with Extended Care Hours 7:15 a.m. - 5:30 p.m. \$850

_____ 3 Day Program Tuesday, Wednesday, Thursday 9:00 a.m. - 3:00 p.m. \$575

*Space in 3 Day Program is limited.

I understand my child might be placed on a wait list if Country Day Montessori does not have a current opening. I have read the Enrollment process and understand when my child is offered placement, I will be notified by phone and email. For this reason, I will inform Country Day Montessori if our contact information changes. I have read and understand the Program Fees and Tuition Schedule associated with enrollment at CDM.

Parent Signature: _____

Please staple non refundable application fee of \$75.00 to this form.

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Application rcvd _____ (date)

Fee rcvd _____ (check number)

Entered on wait list _____ (initial)

Notification of wait list sent _____ (date/initial)