**Country Day Montessori School**

New Student Application

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 \_\_\_\_\_\_\_\_\_\_

 **Please Indicate Program of Interest:** Circle Grade: Preschool Kindergarten 1st grade

\_\_\_ \_\_\_\_\_ 5 Day Program (Monday - Friday) 9:00 a.m. - 3:00 p.m. 10 payments x $685.00

\_\_\_ \_\_\_\_\_ 3 Day Program (Mon. Tues. Wed.) 9:00 a.m. - 3:00 p.m. 10 payments x $625.00

 \*Limited space - priority given to our youngest students.

 \_\_\_\_\_Morning care option: 7:30 a.m. - 9:00 a.m Monthly add on payment x $ 75.00

\_\_\_ \_\_\_\_\_ After school care option: 3:00 p.m. - 5:30 p.m Monthly add on payment x $135.00

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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 the above contact information changes. I have read and understand the Program Fees and Tuition Schedule associated with enrollment at CDM.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To confirm a place on the waitlist, please staple a non-refundable application fee of $75.00 and return this form to CDM.** ===========================================================================================================

**Application rcvd \_\_\_\_\_\_\_(date)Fee rcvd \_\_\_\_\_\_\_\_ (check number) Entered on wait list \_\_\_\_\_\_\_\_\_\_ (initial) Enrolled \_\_\_\_\_\_\_\_(date/initial)**