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 $650.00

_____ 5 Day Program with Extended Care Hours 7:30 a.m. - 5:30 p.m. 10 payments x $860.00

_____ 3 Day Program Preschool (Mon. Tues. Wed.) 9:00 a.m. - 3:00 p.m. 10 payments x $595.00

Limited space - priority given to our youngest students. Extended hours are available.

~~~~~~

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: _____

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) **Notification of wait list sent _____(date/initial)**
~~~~~~