

Please email completed Application to info@mytownmontessori.com

Application for Enrollment

Student Information

Full Name: _____ DOB/Due Date: _____
Last First M.I.

Parent 1 Name: _____ Phone: _____
Last First M.I.

Parent 2 Name: _____ Phone: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Parent 1 Email: _____ Parent 2 Email: _____

Enrollment Preferences

Midtown Montessori Academy utilizes one application for all of their locations. Families have the opportunity to make campus selections and preferences based on their needs. Please use the form below to select your campus of choice - mark all that apply. Then proceed to select your schedule of choice for each campus. If your family has a preference over which campus, please feel free to denote that in the margins. All preferences will be entered in the Application Pool and Waitlist.

Desired Start Date: _____

Desired Campus and Schedule:
 (Please mark ALL that apply)

- | | |
|---|--|
| <input type="checkbox"/> Midtown Montessori Academy - Midtown
1675 W 67th Ave #200
Denver CO 80221 | <input type="checkbox"/> Midtown Montessori Academy - Sloan's Lake
3480 Ames Street
Wheat Ridge CO 80212 |
| <input type="checkbox"/> Full Time (M-F)
<input type="checkbox"/> Part Time (M-W)
<input type="checkbox"/> Part Time (Th-F) | <input type="checkbox"/> School Day (M-F)
<input type="checkbox"/> Half Day AM (M-F)
<input type="checkbox"/> Half Day PM (M-F)
<input type="checkbox"/> Before School Care
<input type="checkbox"/> After School Care |

Disclaimer and Signature

I understand that this is not a formal enrollment form. This application is non-binding and does not mean my child has been enrolled at Midtown Montessori Academy. I understand that submitting this form simply places my child on a waitlist for enrollment, and that all applications are sorted in the order they are received and applications are prioritized based the needs of the school. Additionally, I understand that this fee, and any subsequent enrollment fees are non-refundable.

If this application leads to an enrollment opportunity, I understand that I will be given a time-limited opportunity to enroll my child at Midtown Montessori Academy before the spot will be released for the next available waitlisted student.

To complete Waitlist Application, a \$100 Waitlist Application Fee must be paid.

Please submit payment to info@mymidtownmontessori.com via PayPal or mail a check to:

Midtown Montessori Academy
1675 W 67th Ave, Suite 200
Denver CO 80221

Parent Signature: _____ Date: _____

Printed Name

Describe why you are interested in the Montessori Method:

Student Name: _____ DOB: _____