

# COLUMBINE MONTESSORI PRESCHOOL

6653 W. CHATFIELD AVE. • LITTLETON, COLORADO 80128 • PHONE 303-979-7190

## REGISTRATION

CHILD'S NAME \_\_\_\_\_ (familiar form ... to be used in the classroom) \_\_\_\_\_ Birth Date \_\_\_\_\_

PARENT(S) \_\_\_\_\_ Home Phone \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_, CO \_\_\_\_\_ Zipcode \_\_\_\_\_ Phone (other) \_\_\_\_\_

| Program Selections   | Tuition<br>per Yr / Mo |       | Preferences |       |
|--|------------------------|-------|-------------|-------|
|  |                        |       | AM          | PM    |
| 5-day Kindergarten   | \$3240 / \$360         | K     | NA          | _____ |
| 5-day: M T W Th F  | \$2835 / \$315         | A     | _____       | _____ |
| 4-day: M T W Th .<br>M T . Th F<br>. T W Th F<br>Any 4-day                           | \$2475 / \$275         | B     | _____       | _____ |
|  |                        | C     | _____       | _____ |
|  |                        | D     | _____       | _____ |
|  |                        | Any-4 | _____       | _____ |
| 3-day: M T . Th .<br>M . W Th .<br>M . W . F<br>. T W . F<br>. T . Th F<br>Any 3-day | \$2070 / \$230         | E     | _____       | _____ |
|  |                        | F     | _____       | _____ |
|  |                        | G     | _____       | _____ |
|  |                        | H     | _____       | _____ |
|  |                        | I     | _____       | _____ |
|  |                        | Any-3 | _____       | _____ |

Use numerals (1, 2, etc.) to indicate at least your first and second choices on the appropriate lines under column AM or column PM. Explain any special considerations that apply to your registration such as **existing** car pool arrangements, work or another child's scheduling constraints, and the like. If you are flexible, please also make a note to that effect. If you must have only a particular subset of the less-than-5-day programs, please tell us why. After our enrollment is finalized, we will publish a student phone directory, with **no** addresses. Indicate whether or not to include your phone number.

Yes, Include       No, Exclude

Comments on Preferences

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Please date and sign this form. Return it along with your enrollment fee. We suggest keeping a copy for your records. **\$125.00** Registration Fee due with this form, (\$25.00 is non-refundable, \$75.00 is non-refundable after May 31, No refunds after Labor Day). Selections subject to availability, date priority and returning status.

Date

Received \_\_\_\_\_

Accepted \_\_\_\_\_

Starts \_\_\_\_\_

Assigned \_\_\_\_\_

Revised 02/08

\_\_\_\_\_

Parent Date

I have received, read and understand the Parent's Handbook and in particular the financial and refund policies outlined therein. I further agree that the Parent's Handbook is a part of this registration.