

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 per Yr / Mo	Preferences	
		AM	PM
5-day Kindergarten	\$3240 / \$360	K	<u>NA</u>
5-day: M T W Th F	\$2835 / \$315	A	_____
4-day: M T W Th . M T . Th F . T W Th F Any 4-day	\$2475 / \$275	B	_____
		C	_____
		D	_____
		Any-4	_____
3-day: M T . Th . M . W Th . M . W . F . T W . F . T . Th F 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

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.

Received _____	Date
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.