

Adventure Montessori Learning, Inc
250 S. Cherry Wood Dr
Lafayette, CO 80026

Application Date

Requested Start Date

Child's Last Name

First Name

Middle Name

Home Address

City

State

Zip Code

Child's Age

Child's Birth Date

Gender

Mother's Name

Father's Name

Mother's Address

Father's Address

Home Phone

Cell Phone

Home Phone

Cell Phone

Email Address

Email Address

Place of Employment

Business Phone #

Place of Employment

Business Phone #

Applying to: Infants ___ Toddlers ___ Primary ___ K ___ Jr. Elementary ___ Sr. Elementary ___
(6wks to 18months) (18 months to 3 yrs) (3-6 years) (5-6 years) (6-9 years) (9-12 years)

Monday	Tuesday	Wednesday	Thursday	Friday
In	In	In	In	In
Out	Out	Out	Out	Out

Please indicate the hours your child will attend 2 days/3 days/5 days

Mail completed pre- application and check for pre-application fee to:

250 S. Cherry Wood

Lafayette, CO 80026

303-665-6789

www.adventuremontessori.com

Application Fee \$125 (one time only non-refundable)

Note: Receipt of this form does not guarantee enrollment. Enrollment will be confirmed based on classroom space, requested start date and prior applications. Enrollment status will be advised within 10 days of receipt of application.

Parents Signature _____ **Date** _____