

**Adventure Montessori Learning, Inc.
2019-2020 School Year**

Pre-Application Form

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 /Cell Carrier

Home Phone Cell Phone/Cell Carrier

Email Address

Email Address

Place of Employment Business Phone

Place of Employment Business Phone

Applying to: Infants
(6 weeks to 18 mos.)

Toddlers
(18 mos. to 3 years)

Primary
(3-6 years)

Kindergarten
(5-6 years)

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

*Please indicate the hours your child will attend based on a 4 or 5 day schedule. School hours are 8a.m.-3:30p.m. Aftercare is optional (7a.m.-6p.m.) and require additional fees.

Mail completed pre-application and check for pre-application fee to:
250 S. Cherrywood Dr.
Lafayette, CO 80026
Fax: 303-665-6653
www.adventuremontessori.com

Application Fee: \$125 (one time only. All fees are non-refundable)

Note: Enrollment requires \$100 annual enrollment fee. 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.

Parent Signature _____ Date _____