

Adventure Montessori Learning, Inc.
2021-2022 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

Sex

Parent's Name

Parent's Address

Home Phone

Cell phone /Cell Carrier

Email Address

Place of Employment

Business Phone

Parent's Name

Parent's Address

Home Phone

Cell Phone/Cell Carrier

Email Address

Place of Employment

Business Phone

Applying to: Infants _____ (6 weeks to 18 mos.) Toddlers _____ (18 mos. to 3 years) Primary _____ (3-6 years) Elementary I _____ (1st-3rd) Elementary II _____ (4th-6th)

You may pay the pre-application fee on our website, www.adventuremontessori.com

Or mail completed pre-application and check to:
250 S. Cherrywood Dr.
Lafayette, CO 80026
Fax: 303-665-6653

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 _____