

Aldea Montessori

"A Children's Village"

Application 2020 - 2021

Child's Full Name - (First Middle Last) _____ Name child is called _____

Home Address _____ Male _____ Female _____

City _____ State _____ Zip _____ Primary Contact Phone Number _____

Date of Birth _____ Please indicate Full Day (until 3pm), All Day (until 4:30 p.m.) or Extended Care (until 5:30) Requested Start Date _____

Name of Sibling and Age _____ Name of Sibling and Age _____

Name of Sibling and Age _____ Name of Sibling and Age _____

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Parent / Guardian Name _____

Address if different from child _____

Home Phone _____ Work Phone _____

Cell Phone _____

Employer _____ Job Title _____

e-mail address*** _____

Parent / Guardian Name _____

Address if different from child _____

Home Phone _____ Work Phone _____

Cell Phone _____

Employer _____ Job Title _____

e-mail address*** _____

*****Aldea uses e-mails as a primary method of communication with parents**

Opt in to receive school communication and newsletters _____ (leave blank if opting out)
(initial here)

To whom should we give thanks for referring you to Aldea? _____

Date received in office: _____

Application Fee
\$50 enclosed _____

Aldea Montessori School admits students of any race, color, national or ethnic origin. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of any of its educational policies or school-administered programs.