

**The Montessori School  
of Washington Park**  
320 South Sherman St. Denver Co. 80209



**Primary Application**

Today's Date: \_\_\_\_\_

Application is hereby made for the admission of:

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of 10-01-2021 \_\_\_\_\_

Have you applied in the past? Yes \_\_\_ NO \_\_\_

Last Program Completed: \_\_\_\_\_

Student's Last School: \_\_\_\_\_

How did you hear about MSWP? \_\_\_\_\_

**PROGRAM SELECTED:**

**Montessori Program:** (check one)  Part-time: 8:30 am - 12:30 pm  
 Full-time: 8:30 am - 3:00 pm

I understand the deposit of one month's tuition is NONREFUNDABLE \_\_\_\_\_  
Signature

**FAMILY INFORMATION:**

	Parent (or Guardian)		Parent (or Guardian)
Full Name:	_____	_____	_____
Address:	_____	_____	_____
Occupation	_____	_____	_____
Phone:(cell or hm)	_____	_____	_____
E-mail address:	_____	_____	_____

DATE OF ENROLLMENT \_\_\_\_\_

___ Deposit Paid	Amount: _____	Check #: _____	Date: _____
___ Work Bond Paid	Amount: _____	Check #: _____	Date: _____
___ Materials Fee Paid	Amount: _____	Check #: _____	Date: _____
___ Application Fee	Amount: _____	Check #: _____	Date: _____

___ Application	___ Student Emergency Form
___ Financial Agreement	___ Background Information on Child
___ Immunization Card	___ Current Photo (2)
___ Record of Physical Exam	Date: _____