



1575 Charlton Street  
West St. Paul, MN 55118

Phone 651.450.6693  
E-mail info@mvmontessori.org  
Website mvmontessori.org

## Application for Enrollment

|                                 |
|---------------------------------|
| Official Use Only               |
| _____ Date Received             |
| _____ Age of Applicant 9/1/20__ |
| _____ Application Fee Received  |
| _____ Observation Date          |

### Student Information

|                                 |             |                |       |                |              |
|---------------------------------|-------------|----------------|-------|----------------|--------------|
| Child's Full Name: First        | Middle      | Last           |       |                | Nickname     |
| Home Address                    |             | City           | State | Zip Code       | phone number |
| Date of Birth                   | Male/Female | Present School |       | Years Attended |              |
| Interested Starting Date? _____ |             |                |       |                |              |

### Parent/Guardian Information

|  |          |                  |  |          |                  |
|--|----------|------------------|--|----------|------------------|
| Parent/Guardian Full Name                |          |                  | Parent/Guardian Full Name                |          |                  |
| Home address (if different from student) |          |                  | Home Address (if different from student) |          |                  |
| City                                     | State    | Zip Code         | City                                     | State    | Zip Code         |
| Telephone #                              |          | Cell Phone/Pager | Telephone #                              |          | Cell Phone/Pager |
| Name of Business                         | Position | Phone            | Name of Business                         | Position | Phone            |
| E-mail                                   |          |                  | E-mail                                   |          |                  |

### Other Information

#### Program Request

- |   |  |
|---|--|
| <input type="checkbox"/> Morning Half-Day (8:30 a.m. to 11:30 a.m.)           | <input type="checkbox"/> Before care time requested _____                |
| <input type="checkbox"/> Morning Half-Day with Lunch (8:30 a.m. to 1:00 p.m.) | <input type="checkbox"/> After care time requested _____                 |
| <input type="checkbox"/> Full-Day (8:30 a.m. to 3:00 p.m.)                    | <input type="checkbox"/> Does your child currently nap? Yes ____ No ____ |

#### How did you hear about Mississippi Valley Montessori School?

**Each application must be accompanied by a \$75.00 non-refundable application fee. Please make checks payable to Mississippi Valley Montessori School.** Mississippi Valley admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and other school-administered programs.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_