



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 9/1/201_ _
_____ 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: _____