



Application for Enrollment

Windsor Street Montessori School
Preschool, Kindergarten, Elementary
1616 Windsor St
Columbia, MO 65201
573-441-9767

windsorstreetmontessorischool@gmail.com

Today's date _____

Child's Name _____
First Name M.I. Last Name likes to be called Sex DOB

Home Address:

Street City State Zip Home phone

Parent's name: _____
First Name Last Name Cell Phone

Business address: _____
Street City State Zip Work phone

Preferred Email address, please print clearly

Parents's name:

First Name Last Name Cell Phone

Business address:

Street City State Zip Work Phone

Preferred Email address, please print clearly

Pre-school/School previously attended _____ Preferred date of entry ____/____/____

Primary and Kindergarten

DAILY SCHEDULE

____ Montessori Class
____ Early Arrival and Montessori Class
____ Montessori Class and Lunch
____ Early Arrival, Montessori Class, Lunch
____ Montessori Extended Day Class (Pre<K, Kdg.)
____ Early Arrival & Montessori Extended Day Class
____ Full time, Montessori classes & Before and After Care

Elementary Program

DAILY SCHEDULE

____ Montessori Elementary Class
____ Early Arrival and Elementary Class
____ Montessori Class & one hour After Care
____ Early Arrival, Montessori Elementary and one hour After Care
____ Montessori Elementary Classes and two hours After Care
____ Full time, Montessori Classes, Before and After Care

New Students:

A non-refundable application fee of \$50 must accompany this form. app. recd. _____ fee recd. _____ observed _____ interview _____