

# First Presbyterian Montessori Preschool and Kindergarten

120 Broad Street LaGrange, GA 30240

Phone: 706.812.8513 Fax: 706.884.6021

[www.lagrangemontessori.org](http://www.lagrangemontessori.org)

3 Day Toddler Class \_\_\_\_\_ 2 Day Toddler Class \_\_\_\_\_ 5 Day Primary Class \_\_\_\_\_

Sibling Attending Montessori Yes \_\_\_\_\_ No \_\_\_\_\_

Attends Day Care Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Day Care \_\_\_\_\_

Members of First Presbyterian Church Yes \_\_\_\_\_ No \_\_\_\_\_

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<b>Child's Name</b>	First	Middle	Last
<input type="radio"/> Male	_____		_____
<input type="radio"/> Female	_____		_____
	Birthday		Age (years, months)
	Place of Birth		

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## Mother

## Father

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## Siblings - Names and Birthdays

I hereby request admission of my child, \_\_\_\_\_, to First Presbyterian Montessori (FPM). I agree to abide by the by-laws of the FPM policies and to attend meetings deemed necessary to advance the education of my child. I further agree to observe the schedule of fees. As the disbursements of the FPM are in no way lessened by the departure or absence of a student, I understand that a place engaged in the FPM at the beginning of each school year is taken for the entire school year, and I accept financial responsibility of the year's tuition. A place will be reserved for my child when the registration fee is received by FPM. In the event of a company transfer and the removal of the child from the FPM, the FPM contract will be finalized at the end of the attending month.

**The Registration Fee** for the 2008-2009 school year will be \$100 due upon confirmation of a space for your child in the First Presbyterian Montessori Preschool and Kindergarten.

**Date:** \_\_\_\_\_ **Signature of Parent or Guardian** \_\_\_\_\_