

Application

Registrar Only
Reg. Fee Rec'd _____
Date: _____

First Presbyterian Montessori Preschool and Kindergarten

120 Broad Street LaGrange, GA 30240

Phone: 706.812.8513 Fax: 706.884.6021

www.lagrangemontessori.org

5 Day Toddler Class _____ 3 day Toddler _____ 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 ___

Child's Name First Middle Last

Male Birthdate Age (years months)

Female Place of Birth

Mother's Name

Father's Name

Home Address

Home Address

Phone _____

Phone _____

Business Name

Business Name

Business Address

Business Address

Phone _____

Business Phone _____

Email address _____

Email address _____

Siblings - Names and Birthdates

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 the 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 2010-2011 school year will be \$100 due upon the confirmation of a space for your child in the First Presbyterian Montessori Preschool and Kindergarten.

Signature of Parent or Guardian _____ Date _____

