



Mandala Montessori Application for Enrollment

Name of Child/Nickname _____ Desired Enrollment Date ____/____/____

Birthdate ____/____/____ Gender M or F Home Phone # _____

Home Address _____

City State Zip Code

Guardian's Name _____ Phone #s- Cell _____ Work _____

Employer _____ Email _____

Guardian's Name _____ Phone #s- Cell _____ Work _____

Employer _____ Email _____

Desired Schedule for Enrollment (please mark one):

5 days/week _____ 5 half days/week _____ 4 full days/week: (Mon-Thur _____ Tues-Fri _____)

Before Care (7:30-8:30) _____ After Care (3:30-5:30) _____ Before and After Care _____

Enrollment for: School Year Only _____ or Year-Round _____

Classroom preference: Children's House 1 _____ Children's House 2 _____ Children's House 3 _____

OR Location Preference: 1620 E. 46th Street _____ 3701 E. 50th Street _____ No preference _____

Has your child been previously enrolled in a program? _____ If so, where? _____

Any additional information you would like us to know? _____

How did you hear about us? _____ If referred, by whom? _____

Is your child fully potty-trained? _____

****A non-refundable \$50.00 application fee will be required along with this form.**