

# PRESCHOOL APPLICATION FORM

## Priority Enrollment Deadline: February 5, 2010 for Fall 2010

### IMPORTANT ENROLLMENT INFORMATION

**Application Fee: \$35.00 (nonrefundable)**

**Age Requirements:** must be 3 years old by October 1, 2010, for Fall 2010 entry. **Enrollment Procedure:** A lottery system is used to determine acceptance and class placement.

### FAMILY INFORMATION

Child's Name \_\_\_\_\_

Female \_\_\_\_ Male \_\_\_\_ Birth Date \_\_\_\_\_

Nickname child goes by: \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City & Zip \_\_\_\_\_

City & Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell/pager \_\_\_\_\_

Cell/pager \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Montview Community Preschool strives for a rainbow of faces in the classrooms. If your child would add to the ethnic diversity of the school, please list your child's ethnicity here. \_\_\_\_\_

Is this child currently enrolled at Montview Community Preschool? \_\_\_\_\_

Is either parent a Montview alumnus or have you had other children attend Montview before this child? \_\_\_\_\_

## DIRECTIONS FOR PICKING CLASS CHOICES - you must pick five.

You are required to pick five class choices by entering 1, 2, 3, 4, or 5 in order of preference. Include at least one afternoon class as a choice. You will be notified by mail regarding your class assignment.

**ALL CLASSES ARE MIXED AGES (3-YEAR-OLDS and 4-YEAR-OLDS)**

#### MORNING CLASSES 9:00 - 11:30 am

#### AFTERNOON CLASSES 12:45- 3:15 pm

2-day class (T & Th) \_\_\_\_\_

2-day class (T & Th) \_\_\_\_\_

2-day class (W & F) \_\_\_\_\_

2-day class (W & F) \_\_\_\_\_

3-day class (M, W, F) \_\_\_\_\_

3-day class (M, W, F) \_\_\_\_\_

3-day class (M, T, Th) \_\_\_\_\_

3-day class (M, T, Th) \_\_\_\_\_

How did you find out about Montview Preschool and Kindergarten? \_\_\_\_\_

Would you be interested in serving on the Parent Committee? \_\_\_\_\_

**FINANCIAL AID: PLEASE SEE THE OFFICE TO APPLY FOR FINANCIAL AID**

Office Use Only: Date Application Fee Received \_\_\_\_\_ Check # \_\_\_\_\_ Check Amount \_\_\_\_\_