



Magic Lantern Montessori Student Application Form

Please submit with \$25 application fee per instructions on reverse

Magic Lantern Montessori families are committed to supporting our children's development by providing a richly diverse environment and cooperative community. Each family is expected to contribute 15 hours of their time each quarter working as part of a parent committee.

Please initial: _____ Yes, I / We understand and agree to the above time commitment.

Child's Name: _____ M / F Date of Birth: _____
(circle one)

Preferred Start Date: _____

Parent/Guardian Names: _____

Address: _____

City/ZIP: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Has a child of yours previously attended Magic Lantern? Yes___ No___

If yes, please give child's name and years of attendance: _____

Enrollment Options

Minimum of 3 full days per week (*if requesting 3 days one day must be either a Monday or a Friday) 8:00 am - 5:30 pm

Days requested: _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri

Please indicate any flexibility in your choice of days: _____

Total number of days requested
(monthly tuition rates 2012-2013 and are subject to a 3-6% annual increase)

_____ 5 days \$1185

_____ 4 days \$945

_____ 3 days \$710

*** Child must be potty trained by the time of enrollment***

(over)

