



# 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, 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 2008-2009 and are subject to a 3-6% annual increase)

\_\_\_\_\_ 5 days \$1020

\_\_\_\_\_ 4 days \$820

\_\_\_\_\_ 3 days \$625

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

(over)

