



Application for Admission

Child's Full Name _____
First Middle Last

Birthday _____ **Present Age** _____ **Male** _____ **Female** _____

Mother or Guardian _____

Physical Address _____

Mailing Address (if different) _____

Occupation _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Father or Guardian _____

Physical Address _____

Mailing Address (if different) _____

Occupation _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Siblings

Name Age

Child's previous care/school experience and duration: _____

Requested Days (Please circle) M T W Th F

Desired Start Date: _____

What is your experience with or understanding of a Montessori education? _____

Admissions and Application

Children are evaluated on the basis of readiness for school and potential for success in a Montessori classroom. It is equally important to determine whether the parents' educational philosophy is comparable with that of Gore Range Montessori. The admissions process consists of submission of an application form and non-refundable \$30.00 application fee and a parent observation. Gore Range Montessori welcomes all qualified individuals regardless of sex, race, color, creed, disability, national, or ethnic origin.

I hereby apply for the admission of _____ to Gore Range Montessori-Edwards and agree to abide by the rules and regulations thereof.

Signature of parent or guardian _____ Date _____

Please return application and \$30 application fee to

Gore Range Montessori-Edwards
P.O. Box 2981
Edwards, CO 81632
(970) 926-3333
edwards@gorerangemontessori.com

