



□ **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:

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: 3225 Minnehaha Parkway ____ **3701 E 50th St.** ____ **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.**
