

Application

Registrar Only  
Reg. Fee Rec'd \_\_\_\_\_  
Date: \_\_\_\_\_

**First Presbyterian Montessori Preschool and Kindergarten**

120 Broad Street LaGrange, GA 30240

Phone: 706.812.513 Fax: 706.884.6021

[www.lagrangemontessori.org](http://www.lagrangemontessori.org)

5 day Toddler Class \_\_\_\_\_ 3 day Toddler Class \_\_\_\_\_ 5 day Primary Class \_\_\_\_\_

Sibling Attending Montessori \_\_\_ Yes \_\_\_ No

Attends Day Care \_\_\_ Yes \_\_\_ No Name of Day Care \_\_\_\_\_

Members of First Presbyterian Church? Yes \_\_\_ No \_\_\_

Child's Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Male \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age (years months) \_\_\_\_\_

Female \_\_\_\_\_  
Place of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Business Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Address \_\_\_\_\_

Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Email address \_\_\_\_\_

Email address \_\_\_\_\_

Siblings - Names and Birthdates

I hereby request admission of my child, \_\_\_\_\_, to First Presbyterian Montessori (FPM). I agree to abide by the by-laws of the FPM policies and to attend meetings deemed necessary to advance the education of my child. I further agree to observe the schedule of fees. As the disbursements of the FPM are in no way lessened by the departure or absence of a student, I understand that a place engaged in the FPM at the beginning of each school year is taken for the entire school year, and I accept the financial responsibility of the year's tuition. A place will be reserved for my child when the registration fee is received by FPM. In the event of a company transfer and the removal of the child from the FPM, the FPM contract will be finalized at the end of the attending month.

The Registration Fee for the 2011-2012 school year will be \$100 due upon the confirmation of a space for your child in the First Presbyterian Montessori Preschool and Kindergarten.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

