

**LOUISVILLE MONTESSORI SCHOOL, INC.**  
**461 TYLER AVENUE LOUISVILLE, COLORADO 80027**  
**TELEPHONE: 303-665-2002 FAX: 303-665-2008**  
**LOUISVILLE\_MONTESSORI@YAHOO.COM**  
**WWW.LOUISVILLEMONTESSORISCHOOL.NET**

**STUDENT APPLICATION AND TUITION**

A REGISTRATION FEE OF \$100.00 MUST ACCOMPANY THIS FORM. THIS IS A PROCESSING FEE AND IS NON- REFUNDABLE. THE FEE FOR REGISTERING ADDITIONAL SIBLINGS IS \$75.00 PER CHILD.

CHILD'S NAME: \_\_\_\_\_ M OR F DATE OF BIRTH: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

PARENTS' NAMES: \_\_\_\_\_ DATE OF ENTRANCE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ HOME PHONE: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

E-MAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

<input type="checkbox"/> AM PRESCHOOL:	8:30 - 11:30AM	5 DAYS: \$630	MONDAY-FRIDAY
		4 DAYS: \$575	M__ T__ W__ TH__ F__
<input type="checkbox"/> AM PRESCHOOL + LUNCH:	8:30 - 1:00	5 DAYS: \$760	MONDAY-FRIDAY
<input type="checkbox"/> AM PRESCHOOL + LUNCH:	8:30 - 1:00	4 DAYS: \$680	M__ T__ W__ TH__ F__
<input type="checkbox"/> PM PRESCHOOL + LUNCH:	11:30 - 4:00	5 DAYS: \$760	MONDAY-FRIDAY
<input type="checkbox"/> PM PRESCHOOL + LUNCH:	11:30 - 4:00	4 DAYS: \$680	M__ T__ W__ TH__ F__
<input type="checkbox"/> PM PRESCHOOL:	1:00 - 4:00 PM	5 DAYS: \$630	MONDAY - FRIDAY
	1:00 - 4:00	4 DAYS: \$575	M__ T__ W__ TH__ F__
	1:00 - 4:00	3 DAYS: \$525	M__ T__ W__ TH__ F__
<input type="checkbox"/> KINDERGARTEN:	1:00 - 4:00	5 DAYS: \$630	MONDAY-FRIDAY
	11:30 - 4:00	5 DAYS: \$760	
	11:30 - 6:00	5 DAYS: \$860*	
<p>*INCLUDES CHILDCARE ON OUR SCHOOL HOLIDAYS, CONFERENCE DAYS, WINTER AND SPRING BREAKS.            IF BVSD IS CLOSED AND WE ARE ON A REGULAR SCHEDULE, WE CANNOT ACCOMMODATE            ADDITIONAL MORNING HOURS, UNLESS PREVIOUSLY ARRANGED WITH THE OFFICE.            ANY ADDITIONAL HOURS WILL BE CHARGED AN HOURLY FEE OF \$8/HOUR.</p>			
<input type="checkbox"/> EXTENDED DAY PROGRAM:		5 DAYS: \$1095	MONDAY - FRIDAY
	8:30 AM – 4:00 PM	4 DAYS: \$995	M__ T__ W__ TH__ F__
CHOOSE ONE:	<input type="checkbox"/> NAP	<input type="checkbox"/> PM PRESCHOOL	<input type="checkbox"/> KINDERGARTEN
<input type="checkbox"/> ALL DAY PROGRAM:		5 DAYS: \$1225	MONDAY – FRIDAY
	7:00 AM – 6:00 PM	4 DAYS: \$1100	M__ T__ W__ TH__ F__
CHOOSE ONE:	<input type="checkbox"/> NAP	<input type="checkbox"/> PM PRESCHOOL	<input type="checkbox"/> KINDERGARTEN
PLEASE LIST ANY CONCERNS OR SPECIAL NEEDS INCLUDING: ALLERGIES, DIETARY NEEDS, CHRONIC MEDICAL CONDITIONS OR LIMITATIONS: _____			
_____			

APP RECEIVED: \_\_\_\_\_ APP FEE: \_\_\_\_\_ ENTRANCE DATE: \_\_\_\_\_ BY: \_\_\_\_\_ CLASSROOM: \_\_\_\_\_