

Countryside Montessori Academy

North Tampa Campus

16720 Tobacco Road

Lutz, FL 33558

Mailing Address: P.O. Box 1410, Lutz, FL 33548

Website: cmamontessori.com

Non-Refundable Registration Fee: \$150

Date: _____

Child's Name: _____

D.O.B.: _____

Parents' Names: _____

Phone Numbers: _____

Address: _____

City: _____

Zip Code: _____

County: _____

Email: _____

Program Choices:

_____ Half Day Program (8:30-11:30) _____ Full Day Program (8:30-2:30)

_____ Before School _____ After School _____ Before and After School

_____ 3 Days M T W TH F _____ 5 Days

Half Day & Full Day Payment Choices:

School Begins in August

_____ Ten Payments (Payments start August 1st)

_____ Nine Payments (Payments start September 1st)

_____ Single Payment (Due by July 1st)

Additional Information

Name of the school your child currently attends: _____

Address: _____

Phone: _____

Reason for leaving: _____

Has your child ever been dismissed by a school?

Yes No

If yes, Reason for Dismissal: _____

For office use only:

Date App. Fee paid _____ Check # _____ () Cash / Date Reg. fee paid _____ Check # _____ () Cash

Date Incidental fee paid _____ Check # _____ () Cash / Date entered in Computer _____

Monthly Tuition: \$ _____ / B/A School tuition: \$ _____ Total due monthly: \$ _____ / Enrollment packet sent _____

() Toddler Class () Primary Class Teacher: _____ Interview Date: _____

Notes: _____