

Please email completed Application to [admissions@mymidtownmontessori.com](mailto:admissions@mymidtownmontessori.com)

**Application for Enrollment**

**Student Information**

DOB or  Due Date: \_\_\_\_\_ Gender (M, F, or X): \_\_\_\_\_  
 Full Name: \_\_\_\_\_  

Last
First

Parent 1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  

Last
First
M.I.

Parent 2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  

Last
First
M.I.

Address: \_\_\_\_\_  

Street Address
Apartment/Unit #

\_\_\_\_\_  

City
State
ZIP Code

Parent 1 Email: \_\_\_\_\_ Parent 2 Email: \_\_\_\_\_

**Enrollment Preferences**

*Midtown Montessori Academy utilizes one application for all of their locations. Families have the opportunity to make campus selections and preferences based on their needs. Please use the form below to select your campus of choice - mark all that apply. Then proceed to select your schedule of choice for each campus. If your family has a preference over which campus, please feel free to denote that in the margins. All preferences will be entered in the Application Pool and Waitlist.*

**Desired Start Date:** \_\_\_\_\_

**Desired Campus and Schedule:**  
 (Please mark ALL that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Midtown Montessori Academy - Midtown<br>1675 W 67th Ave #200<br>Denver, CO 80221 | <input type="checkbox"/> Midtown Montessori Academy - Sloan's Lake<br>3480 Ames Street<br>Wheat Ridge, CO 80212  | <input type="checkbox"/> Midtown Montessori Academy - Berkley Park<br>4345 W. 46th Ave<br>Denver, CO 80212 |
| <input type="checkbox"/> Full Time (M-F)  | <input type="checkbox"/> School Day (M-F)<br><input type="checkbox"/> Half Day AM (M-F)<br><input type="checkbox"/> Half Day PM (M-F)<br><input type="checkbox"/> Before School Care<br><input type="checkbox"/> After School Care | <input type="checkbox"/> Full Time (M-F)   |

**Disclaimer and Signature**

*I understand that this is not a formal enrollment form. This application is non-binding and does not mean my child has been enrolled at Midtown Montessori Academy. I understand that submitting this form simply places my child on a waitlist for enrollment, and that all applications are sorted in the order they are received and applications are prioritized based the needs of the school. Additionally, I understand that this fee, and any subsequent enrollment fees are non-refundable.*

*If this application leads to an enrollment opportunity, I understand that I will be given a time-limited opportunity to enroll my child at Midtown Montessori Academy before the spot will be released for the next available waitlisted student.*

*To complete Waitlist Application, a \$100 Waitlist Application Fee must be paid.*

*Please submit payment to [info@mymidtownmontessori.com](mailto:info@mymidtownmontessori.com) via PayPal or mail a check to:*

*Midtown Montessori Academy/ ATTN: Admissions*

*3480 Ames Street*

*Wheat Ridge, CO 80212*

*Registration/Case Number: \_\_\_\_\_*

*If you qualify and are already registered with DPP or CCCAP an Application for Enrollment Fee will not be required upon submission. Please provide your family case number below for verification of registry.*

Denver Preschool Program (DPP)

Colorado Childcare Assistance Program (CCCAP)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
*Printed Name*

Describe why you are interested in the Montessori Method:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_