

St. Nicholas Montessori School

253-839-7864

www.stnicholasmontessori.org

31015 Military Road South
Auburn, Washington 98001

Mailing Address: P.O. Box 3094
Federal Way, Washington 98063

St. Nicholas Montessori School welcomes all qualified individuals regardless of gender, race, and creed, national or ethnic origin.

APPLICATION FOR ADMISSION 2010-2011

June 2010 - June 2011

Child's Name: _____ Birth Date: _____

Commonly Used Name: _____ Gender: M / F

Mother's Name: _____ Day Phone: _____ Home Phone: _____

Address: _____ Use: Mailing/Billing/Both

E-mail Address: _____

Father's Name: _____ Day Phone: _____ Home Phone: _____

Address: _____ Use: Mailing/Billing/Both

E-mail Address: _____

Class choice:

Primary Program, ages 3-6, including Kindergarten Year

- | | | |
|--------------------------|--------------|--|
| <input type="checkbox"/> | 3 Mornings | 8:30-11:30 – Monday, Wednesday, Friday |
| <input type="checkbox"/> | 3 Afternoons | 12:00-3:00 – Monday, Wednesday, Friday |
| <input type="checkbox"/> | 5 Mornings | 8:30-11:30 – Monday through Friday |
| <input type="checkbox"/> | 5 Afternoons | 12:00-3:00 – Monday through Friday |
| <input type="checkbox"/> | 5 Full Days | 9:00-3:00 – Monday through Friday |

Tuition Choices

- | | |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | Option A – 10 Month |
| <input type="checkbox"/> | Spring Break Childcare Option |
| <input type="checkbox"/> | Extended Care Option |
| <input type="checkbox"/> | Option B – 12 Month |
| <input type="checkbox"/> | Spring Break Childcare Option |
| <input type="checkbox"/> | Extended Care Option |

Parent/Guardian Signature: _____ Date: _____