



## Application

Student Information	
Student's Full Name:	
Student's Nickname (if any):	
Birth Date:	
Sex:	

Parent Information			
Mother's Name:		Father's Name:	
Home Address:		Home Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Email:		Email:	
Place of Employment:		Place of Employment:	
Occupation:		Occupation:	
Business Address:		Business Address:	
Business Phone:		Business Phone:	

Please Indicate Program and Schedule Preference					
Infant Program (6 Weeks to 18 Months)		Toddler Program (18 Months to 3 Years)		Primary Program (3 to 6 Years)	
	8:30 am to 11:30 am		8:30 am to 11:30 am		8:30 am to 11:30 am
	8:30 am to 3:30 pm		8:30 am to 3:30 pm		8:30 am to 3:30 pm
	7:00 am to 6:00 pm		7:00 am to 6:00 pm		7:00 am to 6:00 pm
Please Indicate Contract Length Preference					
	9-Month Contract (September–May)			12-Month Contract (September-August)	
Please Indicate Days Per Week Preference					
	4 Days Per Week			5 Days Per Week	
Please Indicate Start Date Preference					
	____/____/____			As Soon As Possible	

How did you discover Cornerstone Montessori? \_\_\_\_\_

Please complete and submit this application with a \$100.00 non-refundable application fee to:

Cornerstone Montessori

P.O. Box #535

Elkhorn, NE 68022

Many thanks for your interest in and support of our program!