



444 Detroit Street | Denver, CO 80206 | 303-322-0972 | www.cgmontessori.com

Sibling Application 2015-16

Child's name _____ male _____ female _____

Birth date _____ age as of 8/31/15 in: years _____ & months _____

Other siblings applying _____

Currently enrolled child/ren _____

Parents' names _____

Phone #s (and owners) _____

email (and owner) _____

Primary - half-day Program

***Indicate preference by number** (feel free to leave notes)

- Children who are 3 years by 8/31 and **independent with toileting skills** are eligible.
- Children currently enrolled in the Primary Program have priority for placement.

AM Class _____ Ward-Hobbs/440
5 Mornings/Week, 8:15 - 11:15

PM Class _____
5 Afternoons/Week, 12:00 - 3:00

Toddler Program

***Indicate preference by number** (feel free to leave notes)

- Children 18 months by 8/31 are eligible.
- The majority of spaces are reserved for 5-day enrollment. Remaining space filled with 2/3-day.
- Currently enrolled children have priority.

AM Program 8:30-11:00

5-Day _____ 2-Day _____ 3-Day _____
Mon-Fri Mon & Tue Wed, Thu, Fri

PM Program 12: 15- 2:45

5-Day _____ 2-Day _____ 3-day _____
Mon-Fri Mon & Tue Wed, Thu, Fri

January Enrollment - Toddler/Primary

***Please do not include enrollment fee for January applicants**

- Children turning 18 months or 3 years before January 1, 2016 are eligible to apply for late enrollment and are placed only if there is space available.

Toddler program (18+ months) _____

Primary program (3+ years) _____

Parent Signature

Date

Class sizes are limited. Eligibility, age and gender balance of classes dictates space availability. Efforts will be made to accommodate requests, however, changes and new enrollments cannot be guaranteed.

____ Payment Enclosed

____ Debit Existing Account

Office Use: Date rcvd _____