



**MI CASITA
MONTESSORI SCHOOL**
754 Caddo St.
Corpus Christi, TX 78412
(361) 991-1492 or 510-1065

OFFICE USE ONLY:

Date Application Received _____
Application Fee Paid, Check # _____
School visit _____
Date Enrolled _____

APPLICATION FOR ENROLLMENT

Application Date _____ Child's Age in Sept. 20____, ____yrs. ____mos.
Child's Full Name _____ Nickname _____
Date of Birth ____/____/____ Male/Female
Mailing Address: Street _____
City _____ State _____ Zip _____
Home Phone _____

Mother's Name _____
Occupation _____
Business Phone _____
Business Address _____
E-mail _____

Father's Name _____
Occupation _____
Business Phone _____
Business Address _____
E-mail _____

Siblings: Please list their Names and Date of Birth

- 1. _____
- 2. _____
- 3. _____
- 4. _____

To benefit fully from the Montessori experience, a child should begin by age 3 and attend to his/her 6th year. Through what level do you plan to send your child to MCMS? _____

<u>Programs</u>	<u>Times</u>	<u>Ages</u>	<u>Please Indicate Session</u>
Toddler Programs			
		(18 months - 3 years)	
Toddler 1	8:30 a.m. to 3:00 p.m.		_____
Toddler 2	8:30 a.m. to 5:30 p.m.		_____
Buenos D_as	7:45 a.m. to 8:30 a.m.		_____
Children's House			
		(3 - 6 years)	
Half Day Spanish Immersion	8:30 a.m. to 11:45 a.m.		_____
Siesta/Extended Day	8:30 a.m. to 3:00 p.m.		_____
Full Day Bilingual	8:30 a.m. to 5:30 p.m.		_____
Buenos D_as	7:45 a.m. to 8:30 a.m.		_____

Upon receipt of this application, the attached questionnaire, and a *non-refundable* **\$30 APPLICATION FEE**, your child's name will be placed on a waiting list. An interview with your child will be scheduled when there is an opening in the class. Openings are determined by ages and sexes needed to maintain an appropriate balance in our classes.

Parent's Signature

Date