Sidewalk's End Montessori School

3215 Woodland Hills Dr., Colorado Springs, CO 80918

719-266-0026 sidewalksendmontessori.com

<u>Interest Form – 2024-2025</u>

Thank you for your interest in our school. If you feel our learning environment suits your child's needs, please join our waiting list by returning this form, expressing your preferred schedule. Please be aware that we cannot formally enroll until you and your child have a tour of the school. Please call or email to schedule a tour or visit. Completion of this form does not guarantee a spot for your child.

We will contact you if a spot becomes available for your child. If you have not already toured the school with your child, we will do so at this point. If you accept the spot, the Application and Materials Fees will be collected to hold the spot. Upon acceptance, you will receive an enrollment package, including health forms, enrollment contract and parent handbook. These forms will need to be completed prior to your child's first day of school.

Thank you for your interest in joining the Sidewalk's End Montessori community!

| Lynne Casebeer, Director | Jennifer West, School Administrator | |
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| I/We are interested in enrolling our child School for school year for the | e services indicated below. Her | at Sidewalk's End Montessori . or His birthdate is |
| Preferred Schedule: | | |
| 5 Half Days, AM session | 5 Half Days, PM session | 5 Full Days |
| Additional services needed: | | |
| Before school care (starts at 7:30) | After school care (ends | at 4:30) |
| Parent/Guardian #1 Name: | | _ Cell Phone: |
| Email: | | |
| Parent/Guardian #2 Name: | | _ Cell Phone: |
| Email: | | |
| l,, attest t understand that this document will add my o | | |
| Sign | ature: | Date: |
| School Use Only: | | |
| Date Received: To | ur Date: | School Year: |
| Notes: | | |
| | | Sidewal |
| Schedule: | | |
| | | Montesso School |