

MONTESSORI PEAKS ACADEMY  
Preschool Application Form

Today's Date \_\_\_\_\_ School year applying for \_\_\_\_\_

Child is a sibling Yes No class \_\_\_\_\_

\_\_\_\_ (PFD) Full Day 8:00 – 3:00 3 & 4 Year Olds \_\_\_\_ (PAM) Half Day 8:00 – 11:00 3 & 4 Year Olds  
\_\_\_\_ (PFDMT) 3 year olds only Full Day M-Th \_\_\_\_ (PAMMT) 3 year olds only Half Day M-Th

**STUDENT INFORMATION**

Legal Name of Student \_\_\_\_\_  
*Last First Middle*

Student's Birth date \_\_\_\_\_ Male Female  
*mm/dd/yyyy*

Address \_\_\_\_\_  
*Apt #*

\_\_\_\_\_  
*City State Zip Code Jeffco Resident yes/no*

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Female Adult in Home: Name \_\_\_\_\_  
Parent \_\_\_ Step Parent \_\_\_ Legal Guardian \_\_\_ Temporary \_\_\_ Other \_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Male Adult in Home: Name \_\_\_\_\_  
Parent \_\_\_ Step Parent \_\_\_ Legal Guardian \_\_\_ Temporary \_\_\_ Other \_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Health Concerns**

Please list health concerns (allergies, asthma, attention deficit, bowel/ bladder, diabetes, emotion/behavioral heart, headaches, hyperactivity, seizures, etc.) Please list;

\_\_\_\_\_  
Are your student's immunizations up to date? Yes \_\_\_ No \_\_\_  
Does the child use any of the following? Glasses \_\_\_ Hearing Aids \_\_\_ Prosthesis or Physical Aids \_\_\_ Other \_\_\_

Parent Initial;

\_\_\_\_ It has been explained and I fully understand my student must be potty trained on their 1<sup>st</sup> day of attendance at MPA.

\_\_\_\_ It has been explained and I fully understand that due to the severe allergies of some of our students, MPA is a "nut free" school.

Upon acceptance to MPA a formal letter will be mailed to your home address.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Non refundable \$50.00 application fee received on \_\_\_\_\_ check # \_\_\_\_\_