

Enrollment Form School Year 2024-2025

Must be at least 6 years old by Sept. 10, 2024

Child's Name		Birthdate		Grade
Child's Name		Birthdate		Grade
Parent/Guardian Name				
Address(es)				
E-mail Address(es)				
Public School District (neighborhood school name) in which you reside.				
Parent #1 Work/Cell Phone	Parent #2 Work/Cell Phone		Home/Cell Phone	
Financial Sponsor (if tuition paid by a third pa Name: Email:	arty)		Phone Numb	er:
Before School Care (7:3 Please make your best guess as a you would need to drop off befor arrely/never coccasionally every day Afterschool Care (3:30 Please make your best guess as a you would need afterschool rarely/never coccasionally at least a couple day	to how often Image: state	Tearly \$9,488 Ten Month Pay Tearly Earlybing Tearly Earlybing Tearly Sales Tearly \$10,92 Ten Month Pay	ment Plan o d \$ 9,298 2% due by 6/1 501 Progra 2 ment Plan o d \$ 10,704 2	f \$948.80 6 discount for /2024 6 The Stheme 6 \$1,092.20 2% discount for
most days until 5pm		An enrollment fee of \$150 and a \$300 security deposit is due along with this form to enroll your child at KME.		

Kalispell Montessori is committed to a policy of equal opportunity for all persons and does not discriminate on the basis of race, color, national or ethnic origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, or physical characteristics in employment, educational programs and activities, financial aid, and admissions policies.

This document does not secure your final placement. Your enrollment will be