



Casa Montessori, Inc.
 17633 Lassen Street • Northridge, CA 91325
 818-532-8037

<h1 style="margin: 0;">Fall 2026</h1> <h2 style="margin: 0;">Registration Form</h2>

Please complete this form and return along with your **NON- REFUNDABLE** \$200 deposit to the school office by Friday, March 20, 2026. New Fall semester begins on Monday, August 31, 2026.

CHILD'S FIRST NAME	CHILD'S LAST NAME	CHILD'S NICKNAME (if any)	DATE OF BIRTH
PARENT/ GUARDIAN NAME		RELATIONSHIP	PHONE NUMBER
_____		_____	(____) _____
EMAIL _____			
MAILING ADDRESS			
PARENT/ GUARDIAN NAME		RELATIONSHIP	PHONE NUMBER
_____		_____	(____) _____
EMAIL _____			
MAILING ADDRESS		CITY	STATE ZIP
_____		_____	_____
PROGRAM <i>Check One</i>	PREFERRED PAYMENT SCHEDULE <i>Check Applicable Box</i>	TUITION	FOR OFFICE USE ONLY
PRIMARY PROGRAM <i>Ages 2.5-4.9</i>			
<input type="checkbox"/> THREE DAYS PER WEEK 8:30 a.m. to 2:45 p.m.	<input type="checkbox"/> 10 Monthly Payments.....\$1,000	\$10,000	
	<input type="checkbox"/> Annual Payment.....\$10,000		
<input type="checkbox"/> FIVE DAYS PER WEEK 8:30 a.m. to 2:45 p.m.	<input type="checkbox"/> 10 Monthly Payments.....\$1,300	\$13,000	
	<input type="checkbox"/> 1 Annual Payment.....\$13,000		
ELEMENTARY WORKSHOP <i>Ages 4.9-12</i>			
<input type="checkbox"/> FIVE DAYS PER WEEK 8:30 a.m. to 3:00 p.m.	<input type="checkbox"/> 10 Monthly Payments.....\$1,500	\$15,000	
	<input type="checkbox"/> 1 Annual Payment.....\$15,000		
<input type="checkbox"/> DEPOSIT ENCLOSED	CHECK # _____	AMOUNT \$ _____	