Casa Montessori, Inc.
17633 Lassen Street • Northridge, CA 91325
747-202-3692, 818-532-8037

S.Y. 2027-2028
Registration Form

Please complete this form and return along with your NON- REFUNADABLE $200 deposit to the school office by Friday, March 19, 2027. New Fall semester begins on Monday, August 30, 2027.

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 *Check One*	PREFERRED PAYMENT SCHEDULE *Check Applicable Box*	TUITION	FOR OFFICE USE ONLY
PRIMARY PROGRAM *Ages 2.5-4.9*			
☐ THREE DAYS PER WEEK **8:30 a.m.** to **2:45 p.m.**	☐ **10 Monthly Payments.....$1,000** ☐ **Annual Payment.....$10,000**	$10,000	
☐ FIVE DAYS PER WEEK **8:30 a.m.** to **2:45 p.m.**	☐ **10 Monthly Payments.....$1,300** ☐ **1 Annual Payment.....$13,000**	$13,000	
ELEMENTARY WORKSHOP *Ages 4.9-12*			
☐ FIVE DAYS PER WEEK **8:30 a.m.** to **3:00 p.m.**	☐ **10 Monthly Payments.....$1,500** ☐ **1 Annual Payment.....$15,000**	$15,000	

☐ DEPOSIT ENCLOSED CHECK # _____ AMOUNT $ _____