



Casa Montessori, Inc.

17633 Lassen Street • Northridge, CA 91325
818-886-7922

Fall 2024

Registration Form

We look forward to our continued relationship with your family and the opportunity to help your child reach his or her full potential in all areas of life through the *Montessori Whole Child* approach to education. **Please complete this form and return it, along with your NON- REFUNDABLE \$200 deposit, to the school office by Friday, March 28th, 2024. New Fall semester begins on Tuesday, September 3rd 2024.**

CHILD'S FIRST NAME	CHILD'S LAST NAME	CHILD'S NICKNAME (if any)	DATE OF BIRTH
PARENT/ GUARDIAN NAME		RELATIONSHIP	PHONE NUMBER
_____		_____	_____
EMAIL		_____	
PARENT/ GUARDIAN NAME		RELATIONSHIP	PHONE NUMBER
_____		_____	_____
EMAIL		_____	
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.....\$800	\$8,000	
	<input type="checkbox"/> 1 Annual Payment.....\$8,000		
<input type="checkbox"/> FIVE DAYS PER WEEK 8:30 a.m. to 2:45 p.m.	<input type="checkbox"/> 10 Monthly Payments.....\$1,100	\$11,000	
	<input type="checkbox"/> 1 Annual Payment.....\$11,000		
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.....\$1,200	\$12,000	
	<input type="checkbox"/> 1 Annual Payment.....\$12,000		
<input type="checkbox"/> DEPOSIT ENCLOSED		CHECK # _____ AMOUNT \$ _____	