

Casa Montessori, Inc.

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

Fall 2025

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- REFUNADABLE \$200 deposit, to the school office by Friday. March 21, 2025 New Fall semester begins on Tuesday. September 2nd, 2025.**

CHILD'S FIRST NAME	CHILD'S LAST NA		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 Check One		PREFERRED PAYMENT SCHEDULE Check Applicable Box		TUITION	FOR OFFICE USE ONLY
PRIMARY PROGRAM Ages 2.5-4.9					
THREE DAYS PER WI 8:30 a.m. to 2:45 p.m.	EEK	10 Monthly Payments\$1,000 Annual Payment\$10,000		\$10,000	
FIVE DAYS PER WEE 8:30 a.m. to 2:45 p.m.	K		ments\$1,300	\$13,000	
1 Annual Payment\$13,000 ELEMENTARY WORKSHOP					
Ages 4.9-12 FIVE DAYS PER WEE 8:30 a.m. to 3:00 p.m.	<u>K</u>	10 Monthly Payı	ments\$1,500	\$15,000	
		1 Annual Paym	nent\$15,000		
DEPOSIT ENCLOSE	D CHEC	CK #	AMOUNT	\$	