



Parent/Infant Application

Return registration form and non-refundable application fee of \$55 to:

School in the Woods Montessori School
4176 E. Florida Avenue
Denver, CO 80222
720.201.3929

Child's Full Name (if known) _____

Birth Date/Due Date: _____ Sex (if known) _____ Phone Number: _____

Mailing Address: _____

City: _____ Zip Code: _____

Parent/Guardian #1 Name: _____

Parent/Guardian #1 Email address: _____

Parent/Guardian #2 Name _____

Parent/Guardian #2 Email address: _____

How did you hear about our program?

- Current School in the Woods Families (please list): _____
- Former School in the Woods Families (please list): _____
- Other families familiar with the school: _____
- Search Engine/Website
- Other (please list): _____

We require all students to be current on immunizations based on the schedule set by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP). This is also the schedule which is published by the Colorado Department of Public Health and Environment on an annual basis.

School in the Woods Montessori School admits students of any race, color, national origin and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to the students at the school. It does not discriminate on the basis of race, color, national origin and ethnic origin in administration of its educational policies, admission policies, or other school-administered programs.



Toddler Application

Return registration form and non-refundable application fee of \$55 to:

School in the Woods Montessori School
4176 E. Florida Avenue
Denver, CO 80222
720.201.3929

Child's Full Name _____

Birth Date: _____ Sex _____ Phone Number: _____

Mailing Address: _____

City: _____ Zip Code: _____

Parent/Guardian #1 Name: _____

Parent/Guardian #1 Email address: _____

Parent/Guardian #2 Name _____

Parent/Guardian #2 Email address: _____

Please identify the attendance options that would work for you. The more options that you select, the greater your chances of securing a space. Place a 1 next to your first priority option, and a 2 (if applicable) next to your second priority option. Toddler classes are 4 days a week (M, T, W, Th).

Morning (8:15 – 11:00): _____

Afternoon (12:15 – 3:00): _____

How did you hear about our program?

- Current School in the Woods Families (please list): _____
- Former School in the Woods Families (please list): _____
- Other families familiar with the school: _____
- Search Engine/Website
- Other (please list): _____

We require all students to be current on immunizations based on the schedule set by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP). This is also the schedule which is published by the Colorado Department of Public Health and Environment on an annual basis.

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Preschool Application

Return registration form and non-refundable application fee of \$55 to:

School in the Woods Montessori School
4176 E. Florida Avenue
Denver, CO 80222
720.201.3929

Child's Full Name _____

Birth Date: _____ Sex _____ Phone Number: _____

Mailing Address: _____

City: _____ Zip Code: _____

Parent/Guardian #1 Name: _____

Parent/Guardian #1 Email address: _____

Parent/Guardian #2 Name _____

Parent/Guardian #2 Email address: _____

Please identify the attendance options that would work for you. The more options that you select, the greater your chances of securing a space. Place a 1 next to your first priority option, and a 2 (if applicable) next to your second priority option. Preschool classes are 5 days a week.

Morning (8:15 – 11:15): _____ Afternoon (12:15 – 3:15): _____

How did you hear about our program?

- Current School in the Woods Families (please list): _____
- Former School in the Woods Families (please list): _____
- Other families familiar with the school: _____
- Search Engine/Website
- Other (please list): _____

We require all students to be current on immunizations based on the schedule set by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP). This is also the schedule which is published by the Colorado Department of Public Health and Environment on an annual basis.

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