

## Parent/Infant Application

Return registration form and non-refundable application fee of \$70 to: School in the Woods Montessori School

4176 E. Florida Avenue Denver, CO 80222 720.201.3929

Child	I's Full Name (if known)				
Birth Date/Due Date: Sex (if known)					
Mailir	ng Address:				
City: Zip Code:					
Parent/Guardian #1 Name: Phone Number:					
Parent/Guardian #1 Email address:					
Parent/Guardian #2 Name Phone Number:					
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 (please lis	t):			
	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 for the 2025-2026 school year

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

Cl	nild'	d's Full Name		
Bir	th D	Date: Sex		
M	ailin	ng Address:		
Ci	ty: _		Zip Code:	
Pc	aren	nt/Guardian #1 Name:	Phone Number:	
Pc	aren	nt/Guardian #1 Email address:		
Pc	aren	nt/Guardian #2 Name	Phone Number:	
Pc	aren	nt/Guardian #2 Email address:		
th ap	e gr oplic	se identify the attendance options that would greater your chances of securing a space. Pla icable) next to your second priority option. To hing (8:15 – 11:00):	dce a 1 next to your first priority option, and a ddler classes are 4 days a week (M, T, W, Th).	
Н	ow c	did you hear about our program?		
		Current School in the Woods Families (please	e list):	
		Former School in the Woods Families (please	e list):	
		Other families familiar with the school(please	e list):	
		Search Engine/Website		
		Other Inlease list):		

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## Preschool Application for the 2025-2026 school year

Return registration form and non-refundable application fee of \$70 to:

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

Cł	nild'	Full Name		
Bir	th D	ate: Sex		
M	ailin	g Address:		
		Zip Code:		
Pc	aren	/Guardian #1 Name: Phone Number:		
Pc	aren	/Guardian #1 Email address:		
Parent/Guardian #2 Name Phone Number:				
		/Guardian #2 Email address:		
th	e gr	identify the attendance options that would work for you. The more options that you select, eater your chances of securing a space. Place a 1 next to your first priority option, and a 2 (if able) next to your second priority option. Preschool classes are 5 days a week.		
M	orniı	ng (8:15 – 11:15): Afternoon (12:15 – 3:15):		
Ho	ow c	id 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 (please list):		
		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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