

# Little Lantanas Montessori

1124 N 3<sup>rd</sup> St Phoenix AZ 85004  
Phone: 602-706-2042  
Littlelantanas@gmail.com  
Littlelantanasmontessori.com



## Application for New Student Enrollment

### Student Information

Child's Name: \_\_\_\_\_  
Last Name First Name Middle

Child's Preferred Nick Name (if any): \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Place of Birth: \_\_\_\_\_

Child's Gender: Male / Female / Other Child's Home Phone #: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_  
Street Address Apt #

\_\_\_\_\_ City State Zip

Is the mailing address the same as the home address? Yes / No

Whom does the child live with and the household members (parents, siblings, relatives...)

_____	_____
<i>First &amp; Last Name</i>	<i>Relation to Child</i>
_____	_____
<i>First &amp; Last Name</i>	<i>Relation to Child</i>
_____	_____
<i>First &amp; Last Name</i>	<i>Relation to Child</i>
_____	_____
<i>First &amp; Last Name</i>	<i>Relation to Child</i>

What languages does the child speak at home? \_\_\_\_\_

### Medical Information

Child's Doctor: \_\_\_\_\_  
Doctor's Name Name of Practice

\_\_\_\_\_ Address Phone Number

Describe below any medical conditions the child has (including food or medication allergies):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Parent / Guardian #1 Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_ *Last Name* *First Name* *MI*

Phone Number: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Home Work Cell*

Which phone number is best to reach this parent during the day?

Email Address: \_\_\_\_\_

Is the home address the same as the child's home address?

If not, specify home address: \_\_\_\_\_

Is the mailing address the same as the home address? Yes / No

If not, specify mailing address: \_\_\_\_\_

Parent / Guardian #2 Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_ *Last Name* *First Name* *MI*

Phone Number: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Home Work Cell*

Which phone number is best to reach this parent during the day?

Email Address: \_\_\_\_\_

Is the home address the same as the child's home address?

If not, specify home address: \_\_\_\_\_

Is the mailing address the same as the home address? Yes No

If not, specify mailing address: \_\_\_\_\_

How did you hear about Little Lantanas Montessori?

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Previous School Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Little Lantanas Montessori follows the Montessori philosophy of a three-year program. The three-year program is designed to take advantage of the child's sensitive periods for optimal learning and growth. A two-year enrollment is the minimum recommended with three being ideal. How long do you intend to enroll at Little Lantanas Montessori? ONE TWO THREE (Circle one)

Little Lantanas Montessori offers three payment options: annually, bi-annually, and monthly. Please indicate which option you would like.

Annual (Due by first day of school year) \$8,325 \_\_\_\_\_

Bi-annually (due Aug. 30<sup>th</sup> & Jan 9<sup>th</sup>) \$4,162.50 \_\_\_\_\_

Monthly (Due first of each month) \$925 Sept – May \_\_\_\_\_

*Tuition is prorated for school approved staggered start dates beyond the first two weeks of the month*

Your preferred method of payment is

Cash \_\_\_\_\_

Check \_\_\_\_\_

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## Emergency Contacts

In case of an emergency and no guardian can be reached

_____	_____	_____
<i>First &amp; Last Name</i>	<i>Relation to Child</i>	<i>Phone Number</i>
_____	_____	_____
<i>First &amp; Last Name</i>	<i>Relation to Child</i>	<i>Phone Number</i>

## Authorization to Drop-Off and Pick-Up

Primary adult for pick-up and drop-off

_____	_____	_____
<i>First &amp; Last Name</i>	<i>Relation to Child</i>	<i>Phone Number</i>

Secondary adult for pick-up and drop-off

_____	_____	_____
<i>First &amp; Last Name</i>	<i>Relation to Child</i>	<i>Phone Number</i>

Additional person authorized for child pick-up and drop-off

_____	_____	_____
<i>First &amp; Last Name</i>	<i>Relation to Child</i>	<i>Phone Number</i>

_____	_____	_____
<i>First &amp; Last Name</i>	<i>Relation to Child</i>	<i>Phone Number</i>

_____	_____	_____
<i>First &amp; Last Name</i>	<i>Relation to Child</i>	<i>Phone Number</i>

_____	_____	_____
<i>First &amp; Last Name</i>	<i>Relation to Child</i>	<i>Phone Number</i>

Authorization for Little Lantanas Montessori to take and use photos of your child for the sole purpose of Little Lantanas Montessori social media and school advertising.

_____	_____
<i>Signature</i>	<i>Date</i>

Authorization for Little Lantanas Montessori to apply sunscreen for extended outdoor events. *\*optional*

_____	_____
<i>Signature</i>	<i>Date</i>

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Please return completed enrollment application with copies of up-to-date immunization records and birth certificate by post or email to the following address. Documents can also be dropped off in person by appointment.

### Little Lantanas Montessori

PO Box 36681

Phoenix, AZ 85067

Or email to [littlelantanas@gmail.com](mailto:littlelantanas@gmail.com)

Completed by and date:

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*Signature*

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*Date*

### Please Include the Following Documents:

- ✓ Copies of up-to-date immunization records
- ✓ Copy of birth certificate
- ✓ \$100 reservation fee

*The \$100 fee will officially reserve a spot for your child. Without it, the school is not required to hold a seat. The full amount will be deducted from the first tuition payment of the year.*

*Copies of immunizations records and birth certificates are not required at the time of enrollment; however, they must be submitted one week before your child's start date.*