

Application for Admission

Lake Country Montessori
625 Walnut Ridge Drive, Hartland, WI 53029
262.367.6595 | admin@lcmsschool.org

Child's Name _____

First Middle Last Nickname

Date of Birth ____/____/____ Current Age ____ years ____ months Male Female

Name of Parent(s) _____

Phone number _____ E mail _____

Mailing address

Program for which you are applying:

- Children's House (3-6 years old) Toddler's House (18mo- 3 years old)
 5 days/week 3 days/week 4 days/week 5 days/week
 8:30am-11:45am 8:30am-2:45pm 8:30am-11:45am 8:30am-2:45pm

Additional Options you anticipate utilizing:

- Child care before school 7:00-8:20 a.m. Occasionally Daily _____
 Child care after school 11:45-6:00 p.m. Occasionally Daily _____

Date your child is available to start school: _____

Previous School/Day Care/Nanny/Other Child Care Experience:

Most Recent Location Phone Number Dates of Attendance Reason for Leaving

Previous Location Phone Number Dates of Attendance Reason for Leaving

How did you hear about Lake Country Montessori?

Signature of Parent/Guardian _____

Date _____

Signature of Parent/Guardian _____

Date _____

Applications are reviewed in the order in which they are received, with priority going to current students and their families, siblings of alumni, families who intend to complete the "three-year cycle," and children transferring from another AMI or AMS Montessori school. All admission decisions are made at the complete discretion of the Lake Country Montessori (LCM) Board and staff. LCM does not discriminate on the basis of race, religion, gender, sexual orientation, disability, ethnicity, national origin, cultural heritage, political beliefs or family style in its admissions process or the administration of any of our programs.

Please submit this application, along with your non-refundable application fee of \$25.00 to:

Lake Country Montessori, 625 Walnut Ridge Dr., Hartland, WI 53029. Thank you!