

Santa Fe Montessori

Enrollment Application

Please complete this form and submit to: santafemontessorichildcare@gmail.com

Child Information

Child's First Name: _____ Child's Last Name: _____

Date of Birth: _____ Age: _____

Desired Start Date: _____ Classroom Interest: _____
(Seedlings 12-18 mo / Sprouts 18-24 mo / Blossoms 2-3 yrs / Roots 3-6 yrs)

Parent/Guardian 1 Information

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian 2 Information (Optional)

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Additional Information

How did you hear about Santa Fe Montessori? _____

Will you be applying for Universal Childcare? ☐ Yes ☐ No ☐ Already Approved

Does your child have any allergies, medical conditions, or special needs we should know about? _____

Additional comments or questions: _____

Submit completed application to:
santafemontessorichildcare@gmail.com

We will contact you within 2-3 business days to discuss enrollment and schedule a tour.