

Application Form

I am applying for admission of	as a student at Little Llama
Montessori Academy. Name child responds to	
Date of Birth: Month Day Year Age Ger	nder
My preferred days of the week are	
Parent/Guardian's full name	
Place of Employment	
Cell Phone Email:	
Siblings: (name/age)	
Does your child have any known health problems?	
Does your child have any allergies? Yes No (please circle)	
If Yes, Please explain	
Does your child need any help during the toilet routines?	
As per the enrolment policy children must be potty trained. Mir	nor assistance and minor potty
training support can be given but children need to be out of dia	apers and pull ups.
Is there any other information about your child which you feel L understand your child better? Special needs, birth of sibling, re environment ect.	ecent changes in the home
Does your child have any special needs or challenges (physica please explain?	
Please complete this form and application fee of \$100.00 to lit	:lellamamontessori@gmail.com
An application is incomplete if it is not fully and accurately filled	d out, if the handwriting is not
illegible, and/or if it is not accompanied by a non-refundable ar	nd non-transferable application
fee of \$100. This fee covers administrative costs and your spot	on the waitlist.
Once your application is complete we will email you a confirma	ation with your waitlist number.
You will be contacted via email once a spot becomes available	to do a tour of the school and
meet the teachers. The personal information collected on this f	orm is required in order for the
school to contact you should a space become available for you	ur child at Little Llama
Montessori Academy.	

Signature of Parent _____ Date _____