Fall 2025
Registration Form

Casa Montessori, Inc.
17633 Lassen Street • Northridge, CA 91325
818-886-7922

We look forward to our continued relationship with your family and the opportunity to help your child reach his or her full potential in all areas of life through the *Montessori Whole Child* approach to education. **Please complete this form and return it, along with your NON- REFUNADABLE $200 deposit, to the school office by Friday, March 21, 2025 New Fall semester begins on Tuesday, September 2nd, 2025.**

CHILD'S FIRST NAME	CHILD'S LAST NAME	CHILD'S NICKNAME (if any)	DATE OF BIRTH

PARENT/ GUARDIAN NAME _____ **RELATIONSHIP** _____ **PHONE NUMBER** (_____)_____

EMAIL _____

MAILING ADDRESS

PARENT/ GUARDIAN NAME _____ **RELATIONSHIP** _____ **PHONE NUMBER** (_____)_____

EMAIL _____

MAILING ADDRESS	CITY	STATE	ZIP

PROGRAM *Check One*	PREFERRED PAYMENT SCHEDULE *Check Applicable Box*	TUITION	FOR OFFICE USE ONLY
PRIMARY PROGRAM *Ages 2.5-4.9*			
☐ THREE DAYS PER WEEK **8:30 a.m.** to **2:45 p.m.**	☐ **10 Monthly Payments.....$1,000** ☐ **Annual Payment.....$10,000**	$10,000	
☐ FIVE DAYS PER WEEK **8:30 a.m.** to **2:45 p.m.**	☐ **10 Monthly Payments.....$1,300** ☐ **1 Annual Payment.....$13,000**	$13,000	
ELEMENTARY WORKSHOP *Ages 4.9-12*			
☐ FIVE DAYS PER WEEK **8:30 a.m.** to **3:00 p.m.**	☐ **10 Monthly Payments.....$1,500** ☐ **1 Annual Payment.....$15,000**	$15,000	

☐ DEPOSIT ENCLOSED CHECK # _____ AMOUNT $ _____