

APPLICATION FOR ADMISSION

Mi Casita Montessori currently maintains a waitlist which includes children eligible for Infant, Toddler and the Primary program. Enrollment takes place annually between December and March of the following school year. Enrollment is prioritized in the following order: returning families and waitlist students. In an effort to maintain diversity, waitlist students are considered based on space availability, age, gender, date of application, and ethnicity.

To complete your Application for Admission, please submit the following:

- An Application of Admission for each child you wish to be considered for enrollment
- A one-time, non-refundable \$150 Application Fee per application
- A family photo

You may drop off your application and fee in the office, or submit your application via mail or email at admin@micasitaaustin.com. Your application fee is payable by cash, check, credit card, or through Venmo @Micasita2019 (code 6389) and may be submitted via mail or to the office directly.

CONTACT INFORMATION

Child's Full Name: _____ Gender: _____ Date of Birth: _____

Ethnicity: _____ Primary/Secondary Language: _____

Do you already have a child on our Waitlist? (If yes, list name and DOB) _____

Have you attended a Parent Tour? Yes Not yet Tour Date: _____

Primary Mailing Address: _____

Home Telephone Number or Primary Contact Number: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Relationship to Child: _____

Email: _____

Email: _____

Cell Phone: _____

Cell Phone: _____

In which of the following schools and programs would you likely enroll your child?

- Downtown Campus (1211 Parkway Austin, TX 78703)
- East Campus (2900 East Cesar Chavez St. Austin, TX 78702)

- Morning 8:30 a.m. – 12:00 p.m. _____
- Full-Day 8:30 a.m. – 2:30 p.m. _____
- Early Arrival Program 7:30 a.m. – 8:30 a.m. (optional, for an additional fee) _____
- After School Program 2:30 p.m. – 5:30 p.m. (optional, for an additional fee) _____

- Summer Camp (June-Aug) _____
- School Year (August-May) _____
- Year Round (12 month program) _____

Would you be interested in the first available spot? Yes or No

Preferred start date: _____ (Month/Year)

How did you hear about Mi Casita Montessori?

ADDITIONAL INFORMATION ABOUT YOUR CHILD

What school or daycare is your child currently enrolled in? (If your child is at home, who is the primary care provider?)

Please list any special considerations your child may have such as allergies or medical history.

FOR OFFICE USE ONLY: Date Application Received: _____ Date Fee Received: _____