



CHILDLIGHT
Montessori School

and the

Kathryn M. Lafley Humanities Center

A Non-Profit Facility

207.384.0153 · 395 Portland Street · Berwick, Maine 03901

APPLICATION

Child's Name _____ Birth Date _____

Program Preference:

5-Day Morning Class

3-Day Morning Class

5-Day Full Day Program (Kindergarten)

About your family

Parent's Name _____

Address _____

E-mail _____

Home Phone _____

Cell Phone _____

Work Address _____

Work Phone _____

Parent's Name _____

Address _____

E-mail _____

Home Phone _____

Cell Phone _____

Work Address _____

Work Phone _____

Siblings (*names and ages*) _____

About your child

Pediatrician _____

Address _____

Telephone _____

Health Concerns (*allergies, restrictions, other*) _____

Tell us about your child _____

Any concerns we should be aware of? _____

Please submit this application and \$30.00 fee to ChildLight Montessori School.

We will contact you soon.

Thank You!