



Updated 04/23/2021

Preschool Application Form for the 2021-2022 School Year

Enrolling Application: 16 months - 5 years old, after Sept. 1, 2021

(Please note: \$60.00 Application Fee due upon completing Enrollment Packet)

Legacy of Dr. Josie R. Johnson Montessori Preschool will accept applications for enrollment for the 2021-2022 academic year. If you wish to enroll your child at Legacy of Dr. Josie R. Johnson Montessori Preschool, please complete the application below and submit it by mail, in person, or by fax (see the contact information at the bottom of this page). After March 20, 2021, applications will be accepted on a rolling basis if space is available.

Student Information *(please print clearly)*

Last Name: _____ First Name: _____

Street Address: _____ City / State / Zip: _____

Birth Date: ____/____/____

(If you would like to enroll your child in Kindergarten, please fill out the K-6 Application; your child must be age 5 by 09/01/2021.)

Do you have other students already attending Legacy of Dr. Josie R. Johnson Montessori? **YES | NO**

Parent / Guardian Information *(please print clearly)*

Parent / Guardian 1 _____

E-mail Address _____ Phone _____

Parent / Guardian 2 _____

E-mail Address _____ Phone _____

Desired Start Date *(please circle one)* *Now* *Future* *In the future, when?* _____

The Minnesota Government Data Practices Act requires that you be informed that the information you provide is considered private. You are not legally required to provide any information on this enrollment application. Legacy of Dr. Josie R. Johnson Montessori School staff will have access to any information you provide and use it in the enrollment process. Failure to provide the information requested would necessitate that an enrollment decision be made without the benefit of reviewing the information you could provide. If you do provide the requested information, it is our expectation that any information you provide will be truthful.

I hereby verify that the above information is true and correct to the best of my knowledge.

Signature of Parent/Guardian _____ Date _____

No child will be denied admission to Legacy of Dr. Josie R. Johnson Montessori Preschool School on the basis of gender, religion, ethnicity, immigrant (legal or non) status, or intellectual or physical ability. Students from all backgrounds are encouraged to apply.

(LJIM Preschool Office Use) Date Received: _____ Notice of Enrollment Sent on Date: _____