Lighthouse Montessori School
2026-2027
Application for Admission

For Office Use Only Reg. date:____________________ Start date:________________ Reg. fee paid:_$_____________________________

Sup. Fee paid:_$__________________ Program & Schedule:____

Password:______________________________

Please indicate the program & schedule requested

Toddler (18 mo-3 yrs):

- ☐ 3-day (W - F) half-day ~ AM only (8:30-11:30am) = $ 399/mo
- ☐ 3-day (W - F) full-day ~ (8:30am -3:30pm) = $581/mo

- ☐ 4-day (W - F) half-day ~ AM only (8:30-11:30am) = $543/mo
- ☐ 4-day (W - F) half-day ~ AM only (8:30-11:30am) = $820/mo

- ☐ 5-day (M-F) half-day ~ AM only (8:30-11:30am) = $630/mo
- ☐ 5-day (M-F) full-day ~ (8:30am -3:30pm) = $930/mo

Please attach a clear, recent photo of your child here.

Or you may email a .jpeg to lighthouseschool@gmail.com

Early Childhood (3-5 yrs): Please circle AM or PM session preference

- ☐ 4-day (M-Th) half-day ~ AM (8:30-11:30am) or PM (12:30-3:30pm) = $543/mo
- ☐ 4-day (M-Th) full-day ~ (8:30am - 3:30pm) = $811/mo

- ☐ 5-day (M-F) half-day ~ AM (8:30-11:30am) or PM (12:30-3:30pm) = $597/mo
- ☐ 5-day (M-F) full-day ~ (8:30am - 3:30pm) = $855/mo

Kindergarten (5-6 yrs):

- ☐ 5-day (M-F) half-day ~ AM only (8:30-11:30am) = $625/mo
- ☐ 5-day (M-F) full-day ~ (8:30am - 3:30pm) = $855/mo

Lower (6-9yrs) & Upper (9-12yrs) Elementary:

- ☐ 5-day (M-F) full-day ~ (8:30am - 3:30pm) = $855/mo Please indicate grade: 1 2 3 4 5 6

Yearly Registration Fee $300.00 **Yearly Supply Fee** Toddler $75.00 and EC $85.00 Kindergarten $175.00 Elementary $175.00
Monthly Snack Fee $20.00 half day $30.00 Full day

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Child's Name: ____ Gender: Male Female

Date of Birth: __________________________ Current Age:______ Social Security #: _______-_______-________.

Home Address:____
Street City State Zip
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Mother (or Guardian):_____DOB_____ Home Phone:_____

Home address:_____
Street City State Zip

e-mail address:_____ Cell Phone:_____

Place of Employment:_____ Work Phone:_____

Father (or Guardian):_____ Home Phone:_____

Home address:_____
Street City State Zip

e-mail address:_____DOB_____Cell Phone:_____

Place of Employment:_____ Work Phone:_____

Name of siblings & ages:_____

Student Details (not necessary to complete for returning students)

Please attach an additional sheet if more room is required for answers.

We strive to provide the best individualized education possible. The information you provide on your individual child is especially helpful to us. Please describe your child's temperament, social relations, interests and special challenges:

_____

_____

Has your child been tested or evaluated for any learning problems or is there reason to be concerned about learning difficulties?

Yes No If yes, please explain::_____

Has your child been tested for any psychological, emotional or behavioral difficulties or is there reason to be concerned about any of these? Yes No If yes, please explain:_____

Does your child have any medical conditions, allergies or food sensitivities that we need to be aware of? Yes No

If yes, please explain:_____

What are the child's academic strengths and weaknesses? _____

What are the child's social strengths and weaknesses?_____

How do you think the Montessori system will benefit your child?_____

_____

~ A non-refundable fee of $300 is required with this completed application. ~

Signature:_____ (Parent or Guardian #1) Date:_____

Signature:_____ (Parent or Guardian #1) Date:_____

* Immunizations: To comply with the State of Idaho regulations, all children must have required immunizations or a statement of exemption.

Please attach a copy of your child's BIRTH CERTIFICATE & CURRENT IMMUNIZATION RECORD to this form.
All students under the age of 5 must submit an updated immunization record yearly.

How did you hear about Lighthouse Montessori School? ☐ Website ☐ Sign ☐ Phonebook

☐ Referred by:_____ ☐ Other:_____ _____

Lighthouse Montessori School admits students of any race, color, national or ethnic origin or religion.