**Metta Montessori School**

1012 South Cleveland Street

Arlington, VA 22204

(703) 955-3644

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**APPLICATION FORM**

**Academic Year 2013-2014**

Child’s Name: \_\_\_\_

 (last) (first) (preferred name)

Child’s Address:

 (street address)

 (city, state, zip code)

Child’s Date of Birth: \_\_\_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Parent/Guardian:

 (last) (first)

(work address)

(work phone) (cell phone) (home phone)

(email address)

Parent/Guardian:

 (last) (first)

(work address)

(work phone) (cell phone) (home phone)

(e-mail address)

Previous School or Day Care:

Please complete and return to the above address with a non-refundable fee of $50.00. If paying by check, then please make payable to Metta Montessori School. Thank you.