

## **Cottonwood School**

3896 Corrales Road NE

Corrales, NM 87048

## PLEASE PRINT

"A Joyful Learning Community"

Enrollment Application must be accompanied by \$20 processing fee

Today's Date:	_ School Year Applie	ed for:	Program or Grade:	
Child's Name			DOB	_ Gender
Residential Address			_ City	
Zip	Child lives with			
Please list all allergies_				
First Guardian's Name		Relationship		
MAILING Address			City	
Zip	Work Phone		Cell Phone	
Employer			Position	
Email				
Second Guardian's Nan		Relationship		
MAILING Address			City	
Zip	Work Phone		Cell Phone	
Employer			Position	
Email				
EARLY CHILDHOOD PROGRAMS (Child must be 3.5 years old and potty trained to enroll in EC classes.) (Kindergarteners must be 5 by Sept 1 to enroll in the full day Kindergarten.)		n.)	ELEMENTARY PROGRAMS (Child must be 6 by Sept 1 to enroll in first grade.)	
Early Childhood/ 5 am	8:30-11:30		Elementary	8:30-3:30
Early Childhood/ day			Elementary w/daycare	7:00-6:00
EC full day w/ daycare	7:00-6:00			
TODDI ED DDO	CDAM		DAVMENT DI	A INT
	TODDLER PROGRAM Toddler/ 3 am 8:30-11:30		PAYMENT PLAN select one	
Toddler/ 3 school day	8:30-3:00		select one	
Toddler/ 3 full day	7:00-6:00		Single Payment / Du	ie by June 1
Toddler/5 am	8:30-11:30		Single I ajment / Dt	5, 000 1
Toddler/ 5 school day	8:30-3:00			
Toddler/ 5 full day	7:00-6:00	_	Deferred Payment / August – May	
Office Use Only				
Date ApFee	Deposit Chk #	# Program	Tuition	_ Class

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Cottonwood School 3896 Corrales Road Corrales, NM 8704 505-897-8375

Our primary goal in the admission process is to find the right fit between school, student and family.

family.				
Please answer the following questions to help us get a better sense of your child as a unique individual and the values on which you have built your family.				
What is it about Cottonwood School that appeals to you?				
Why do you think Cottonwood School would be a good choice for your child	d?			
What are your goals for your child?				
How do you see Cottonwood School facilitating these goals?				
Is there any significant medical history about which we should be aware?				
What else would you like us to know about you, your child or your family?				
Parent's Signature: Da	ate:			