



LEARNING EDGE *with* Montessori

7310 Ritchie Highway Suite 500
Glen Burnie MD 21061
(410) 766-6325, info@Lemprograms4kids.com

Registration Form

Name- _____

Birthdate- _____ Age- _____

Year- _____

Parent's/Guardian's name- _____

Address- _____

Zip Code- _____

Phone- _____

Parent's/Guardian's name- _____

Address (if different)- _____

Zip Code- _____

Phone (if different)- _____

Email address- _____

Child's special interests and activities- _____

Any allergies?- _____

Emergency contact during class hours- _____

A Non-Refundable Fee of \$50 is required with this application. Make checks payable to Learning Edge with Montessori.

Enrollments are accepted without regard to race, religion, or national origin.

To set-up an appointment with us to discuss a program and schedule that works best for your child, please email at info@Lemprograms4kids.com.

Parent/Guardian Signature: _____

Date: _____

Program Details (Please circle the option chosen)

Name- _____

Birthdate- _____ Age- _____

Year- _____

Program Code*- _____

Days- Monday Tuesday Wednesday Thursday Friday Saturday

Hours- 1 hour 2 hours 3 hours

Session- Morning (9am-12pm) Noon (12pm-3pm) Afternoon (3pm-6pm)

Options- In-Class Virtual Hybrid

Program Information*

Ages- 3 to 7 years

Each curriculum area has 5 carefully planned phases for the child to master.

Program Code*	Program	Ages
A.	Montessori Reading and Writing Program	3 to 7 years
B.	Montessori Basic and Advanced Math Program	3 to 7 years
C.	Montessori Motor Skill Enhancement Program	3 to 7 years
D.	Montessori Sensorial and Practical Life Program	3 to 7 years
E.	Montessori Cultural Studies and Mindfulness Program	5 to 12 years
F.	Art and Craft Program	5 to 12 years
G.	The Montessori Magic Program	3 to 12 years

For Office Use only-

Program- _____ Session- _____

Days- _____ Option- _____

Tuition- _____

Start Date- _____