



AN ALL DAY PRIMARY COMMUNITY (3-6 YEARS)

### APPLICATION FOR ENROLLMENT

*Your \$50 per family non-refundable application fee reserves a position on the waiting list.*

Date Enrollment Desired \_\_\_\_\_ Gender: \_\_\_\_\_ Present Age: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is your child attending school or day care? \_\_\_\_\_ Name of facility: \_\_\_\_\_

Schedule (Hours) Desired: \_\_\_\_\_ Does your child nap regularly? \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Work Position: \_\_\_\_\_ Work Position: \_\_\_\_\_

Company: \_\_\_\_\_ Company: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Siblings (Names, Ages): \_\_\_\_\_

Non-custodial Parent: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

How did you learn about our school? \_\_\_\_\_ Have you observed our school? \_\_\_\_\_

Why are you considering Montessori for your child? \_\_\_\_\_

*This form is an enrollment application only, it does not guarantee enrollment.  
Parents will be contacted annually or as an opening occurs.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY: Date Application Received: \_\_\_\_\_

Paid by: \_\_\_\_\_