



A PRIMARY COMMUNITY (2.5 TO ENTRY TO FIRST GRADE)

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: _____