



**Enrollment Application  
Toddler Community (18 months-3 years) and Primary (3-6 years)**

*Please include \$125 per family application fee to reserve a position on the waiting list.*

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For School Year/Month \_\_\_\_\_ Program: \_\_\_ Gender: \_\_\_ Present Age: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Is your child currently attending school or day care? Yes / No Name: \_\_\_\_\_  
Schedule (Hours) Needed: \_\_\_\_\_ Does your child nap regularly? Yes / No

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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: _____

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Non-custodial Parent: _____	Siblings
Phone(s): _____	(Names, Ages): _____
Address: _____	_____
City/State/ZIP: _____	_____

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

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

*This form is an enrollment application only. Parents will be contacted as an opening occurs.*

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

FOR OFFICE USE ONLY:

Date Appl. Accepted: \_\_\_\_\_

Check Number: \_\_\_\_\_