Woodland
Montessori School

Woodland Montessori Application Form

Child's Name_____ Birth Date_____

Mother_____

Address_____ Phone_____

City_____ State_____ Zip _____

Father_____

Address_____ Phone_____

City_____ State_____ Zip _____

Approximate Start Date (month/year): _____

Child's schedule: __9-Noon Daily __9-Noon Daily, with up to 10-15 additional hours per week

__9-3 Daily __Full Day Care

List your child's previous school experience, including dates:

_____

_____

List your child's siblings and their ages:_____

_____

Additional information that is important for us to know about your child:

_____

_____

I would like to enroll my child. I understand that it is expected that my child will attend this program through his or her kindergarten year and that a $50.00, non-refundable enrollment fee is due with this application.

_____ _____

Signature of Parent Date