



Woodland Montessori Application Form

402 S. Coleman Rd., Spokane Valley 99212 (509) 924-1324

Child's Name _____ Birth Date _____ Sex M F

Parent _____

Address _____

City _____ State _____ Zip _____

Phone _____ email _____

Parent _____

Address _____

City _____ State _____ Zip _____

Phone _____ email _____

Approximate Start Date (month/year): _____

Child's schedule: ___ Morning Preschool (8:30am-12:00pm) ___ School day (8:30am-3:00pm)
 ___ Before School Care (7:30am-8:30am) After school care (3pm-5:30pm)
 ___ Infant/Toddler Classroom (7:30am-3:30pm)

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

List you 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

*Woodland Montessori School encourages diversity and happily admits students of any race, religion, national or ethnic origin. We do not discriminate on the basis of race, color, ethnicity, or gender in any of our policies or programs.