



# 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:  Before school care (7:30am- 8:30am)  Morning Preschool (8:30am-12:00pm)  
 School day (8:30am-3:00pm)  Before & after school care (7:30am-5:30pm)

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

\*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.