



P.O. Box 1523, Poulsbo, WA 98370

Application Form - 5 Days a Week 2017-2018

Student

Full Legal Name: _____

Student's name to be used in preschool: _____

What is the primary language spoken at home? _____

Age as of 9/1/17 : _____ Gender: _____ Date of Birth: _____

Mailing Address: _____

(Please list student's primary address. If parents live separately, please list other address on back of this form.)

Previous preschool experience? _____ Teacher name _____

Any previous Montessori experience? **(Please circle):-** Yes / No. If yes, how many years? _____

Is this a kindergarten year **(Please circle):-** Yes / No.

Parents or Guardians Information

(Please fill in all areas that pertain to you.)

Name(s): _____

Relationship: _____

Home Address: _____

Home Phone: _____

Profession: _____

Business Phone: _____

Cell Phone: _____

E-mail Addresses: _____

(Be sure to complete the other side of this form.)

Session preference (Please check):- 8.30 - 11.30* a.m. _____ or 12.30 - 3.30* p.m. _____

*Friday's PM class joins the AM class on Fridays and attends 8:30am – 12:30pm. No Friday PM session.

Are any siblings also planning to attend FSM? **(Please circle):-** Yes / No.

Siblings Name(s) _____ Birth Date(s) _____

Have you had a tour of the school or attended an open house? _____

DUE WITH THIS APPLICATION:

- A \$95.00 new student application fee (waived for Military families).
- A deposit of \$325 (a.m.) or \$320 (p.m.) that will be credited toward June 2018's tuition payment and that will hold your child's place for September 2017.
- **Please note the deposit and application fees are non- refundable if your application is accepted.**

In keeping with the spirit of Montessori, which emphasizes the importance of parents' or guardians' participation in the education of your child, I/we agree:

1. To try to come and observe in the classroom at some point through the academic year.
2. To attend parent conferences with the class teacher, at a mutually convenient time.
3. To familiarize myself with the parent information packet and inform the school of any information changes on forms filled out for my child.
4. To try to attend parent information sessions held or recommended by the school.

Please mail completed application form, deposit and application fees to **P.O. Box 1523, Poulsbo WA 98370.**

Thank you! If your application is successful we will contact you shortly to let you know.

Date: _____ Signature: _____

(Parent or Guardian)

