



Date of Application: _____

Date of Birth: ____/____/____

Male/Female _____

Age on 9/1/____: ____yrs ____mths

Child's Name: _____ Primary Language: _____

Address: _____ Second Language: _____

Class Preference: Morning _____ Afternoon _____

Home Phone: ____-____-____

e-mail address: _____

Mother's Name: _____

Occupation: _____ Business Phone: ____-____-____

Father's Name: _____

Occupation: _____ Business Phone: ____-____-____

Others Living in the Home (Names, Ages, Relationship):

Previous Group Experience: _____

What are you looking for in a Montessori Education? _____

When would you prefer to enroll your child (month & year)? _____

How many years do you intend to enroll your child? _____

From what source did you learn about King's Wood Montessori?

(Parent/Guardian Signature)

(Date)

A \$50 Non-Refundable application fee must accompany this form