



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: _____

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 OF KING'S WOOD MONTESSORI?

(PARENT/GUARDIAN SIGNATURE)

(DATE)

A \$50 NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY THIS FORM

