



**APPLICATION FOR ADMISSION**

Child's Name: \_\_\_\_\_ Girl \_\_\_\_\_ Boy \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\*Children must be toilet trained for Pre-Primary Program.

Father's Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
\_\_\_\_\_

Email Address:

\_\_\_\_\_

**Siblings:**

*Name*

*Age*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Caregiver:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone: \_\_\_\_\_

Child's Previous School or Group experience:

\_\_\_\_\_  
\_\_\_\_\_

**Class Preference:**

AM 9:00 – 11:30 \_\_\_\_\_ PM 12:30 – 3:00 \_\_\_\_\_ Full Day Program 9-3 p.m. \_\_\_\_\_

**\*Lunch Period 11:30 -12:30 \_\_\_\_\_ Kindergarten: Half Day \_\_\_\_\_ Full Day \_\_\_\_\_**

Stepping Stones Program: Two (2) Day \_\_\_\_\_ Three (3) Day \_\_\_\_\_ Five (5) Day \_\_\_\_\_

**ALL DAY MONTESSORI: HOURS OF OPERATION - 7:00 A.M.-6:00 P.M.**

**HOURS REQUIRED: \_\_\_\_\_ A.M. UNTIL \_\_\_\_\_ P.M.**

**DAYS PER WEEK \_\_\_\_\_**

*\*A fee of \$10 per session will be charged to families who wish to occasionally include the 1 hour lunch period for their child.*

*Although we cannot guarantee preference, please know that we will do our best to try to accommodate your family's needs.*

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*Signature*

*Date*

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*Print Name*

**How did you hear about us?**

*Newspaper* \_\_\_\_\_ *Mailings* \_\_\_\_\_ *Internet* \_\_\_\_\_ *Other* \_\_\_\_\_

*If "other" please share your source:*

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*Please include the \$75 non refundable application fee with this application.*

*Checks may be made out to the Papillon Montessori School.*

*Enrollment is subject to a parent and child interview with the PMS staff.*



*Application For Admission*