The Children's Montessori School

Preliminary Application Form

School year applying for _____ Today's Date___/___/___

Student Information

Child's Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Date of Birth: _____ Male or Female: _____

***Students must be 3 years of by the first day of the school year applying for. No exceptions.*

Please list any health problems or special needs that will help us in understanding your child:

_____

_____

_____

Parent Information

Mother's Name: _____
Last *First* *M.I.*

Phone Number: _____
Home *Cell* *Work*

E-Mail: _____

Father's Name: _____
Last *First* *M.I.*

Phone Number: _____
Home *Cell* *Work*

E-Mail: _____

Application Procedure

1. Fill out application and mail to C.M. S. at P.O. Box 909, Port Angeles, WA 98362
2. Applications will be dated when received.
3. If there is space available, you will be called by our school's director. At that time you will be asked to mail a $50.00 non – refundable registration fee within 14 days to reserve your child's space.
4. We reserve the right to balance the class by age and gender.

To enter and remain in the Children's Montessori School your child must:

***Be able to listen to and comply with teachers requests**

***Use the bathroom independently**

Thank you for your interest in The Children's Montessori School.

_____staff initials and date received