



Please include a \$100 non-refundable deposit with your application. Thank you.

Admission Application for: **2019-2020** School Year

Child's Last Name	First Name	Middle Name	Preferred Name
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Date of Birth	Age	Gender
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Family Information

Mother's Information:

Name:

Address:

Include zip code please.

Phone (home): _____

Phone (work): _____

Phone (cell): _____

Email address: _____

Occupation:

Work address:

Father's Information:

Name:

Address:

Include zip code please.

Phone (home): _____

Phone (work): _____

Phone (cell): _____

Email address: _____

Occupation:

Work address:

Please put a star next to the phone number we should call first should we need to reach you.

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What are some unique characteristics of your child? What makes him or her joyful?
What are some of the things that may be more difficult for him/her? Feel free to use the back of this page.

Does your child have any special needs, physically or emotionally? If so, please explain.

What is your child's previous school or daycare experience?

The schedule I am considering is:

(Please place a check by the schedule and circle the days you would like. You can still change schedules, but this gives us a rough idea.)

- | | | | | | | |
|--------------------------|---------------------------|---|---|---|----|---|
| <input type="checkbox"/> | 5 days per week 8:30-3:00 | | | | | |
| <input type="checkbox"/> | 5 days per week 8:30-1:00 | | | | | |
| <input type="checkbox"/> | 4 days per week 8:30-3:00 | M | T | W | Th | F |
| <input type="checkbox"/> | 4 days per week 8:30-1:00 | M | T | W | Th | F |
| <input type="checkbox"/> | 3 days per week 8:30-3:00 | M | T | W | Th | F |
| <input type="checkbox"/> | 3 days per week 8:30-1:00 | M | T | W | Th | F |

Will your child need to take a nap in the afternoon?

Will your child need to use our aftercare program from 3:00- 5:15? If so please indicate if the need is for every day your child is at school or just occasionally.

How did you hear about Missoula Valley Montessori?

Thank you!