



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

Admission Application for Early Learners Program: **2020-2021** 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: _____

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

Occupation:

Work address:

Father's Information:

Name:

Address:

Include zip code please.

Phone (home): _____

Phone (work): _____

Phone (cell): _____

Email address: _____

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

Occupation:

Work address:

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.

Is your child toilet trained?

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 8:30-11:30 | | | | | |
| <input type="checkbox"/> | 4 days per week 8:30-3:00 | M | T | W | Th | F |
| <input type="checkbox"/> | 4 days per week 8:30-11:30 | 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 8:30-11:30 | M | T | W | Th | F |
| <input type="checkbox"/> | 2 days per week 8:30-3:00 | M | T | W | Th | F |
| <input type="checkbox"/> | 2 days per week 8:30-11:30 | M | T | W | Th | F |

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!