

APPLICANT INFORMATION

First Name _____ Middle _____ Last Name _____ Male Female

Preferred Name/Nickname _____ Date of Birth _____ / _____ / _____ Desired Date of Enrollment _____ / _____
month day year month year

Street Address _____

City _____ State _____ Zip Code _____ Home Phone _____

PARENT INFORMATION

First Name _____ Last Name _____ Relationship to Child _____

Employer's Name _____

Business Telephone _____ Cell Phone _____ Email _____

Married Partnered Separated Divorced Single

First Name _____ Last Name _____ Relationship to Child _____

Employer's Name _____

Business Telephone _____ Cell Phone _____ Email _____

Married Partnered Separated Divorced Single

SIBLING INFORMATION

Name _____ Age _____ Attending Fernwood? Yes / No _____

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Note: Please enclose a \$50 non-refundable application fee with this application.

PROGRAM OPTIONS (Check all that apply)

Young Child Community (2-year olds)

 Half Day 8:30am -12:00pm Full-Day 8:30am-3:00pm

Primary Program (3-6-yrs)

 Half Day 8:30am -12:00pm Full-Day 8:30am-3:00pm

Elementary Program (6-12yrs)

 Full-Day 8:30am-3:00pm

Extended Day Options

 Before Care 7:30am-8:30am After Care 3:00pm-6:00pm**QUESTIONNAIRE**Previous school experience (and years attended)?

Is your child completely toilet trained? _____

Why are you interested in Fernwood Montessori School for your child?

_____Please describe any social, emotional, or physical needs your child may have.

_____What goals do you have for your child that you hope will be attained at Fernwood Montessori School?

_____How did you learn about Fernwood Montessori School?

Parent/Guardian (signature)

Date

OFFICE USE ONLY:

AR ____/____/____ (Check # ____)

ECR ____/____/____ (Check # ____)