



Please include a photo of your child.

Optional

Application for Admission

Applicant's Information

CHILD'S NAME	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
DATE OF BIRTH	ADDRESS	
PLACE OF BIRTH		
PRIMARY LANGUAGE	HOME PHONE	
ADMISSION FOR FALL OF WHAT YEAR (or start date if during year)	PROGRAM (8:30am – 12:30pm or 8:30am – 3:00pm)	

Family Information

PARENT/GUARDIAN NAME	PARENT/GUARDIAN NAME
ADDRESS	ADDRESS
CELL PHONE	CELL PHONE
EMAIL ADDRESS	EMAIL ADDRESS
WORK PHONE	WORK PHONE
EMPLOYER	EMPLOYER
POSITION	POSITION
WORK HOURS	WORK HOURS
SIBLING'S NAME (OF CHILD APPLYING)	SIBLING'S NAME (OF CHILD APPLYING)
BIRTH DATE	BIRTH DATE

Has your child attended daycare/preschool before? If yes, please state where and for how long.

Is your child now receiving therapy of any kind, or has your child in the past received therapy? Please give details.

Does your child have an Individual Healthcare Plan for a condition they may have? Please give details.

Why are you considering Forbes Hill Montessori School for your child?

How did you learn about Forbes Hill Montessori School?

Application Fee

Please return this completed form with a non-refundable application fee of \$50.00 made payable to:
Forbes Hill Montessori School

Non-discrimination Policy

Forbes Hill Montessori School does not discriminate against individuals on the basis of race, creed, religion, national origin, cultural heritage, age, gender, marital status, political beliefs, disability, sexual orientation, or family style in its admissions, employment policies, and procedures.

Signature of Parents/Guardians

_____ Date _____

_____ Date _____

OFFICE ONLY

Date received:

Check amount:

Check number: