

Children's House Montessori School

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APPLICATION FOR ENROLLMENT

20____-20____
School Year

FOR OFFICE USE

Application Received _____
Parent Observes _____
Parent/child Visit _____
Parent/Admin Interview _____
Other _____

Child's Full Name _____ Name Used _____

Date of Birth ____/____/____ Sex _____ Sibling's Names and Ages _____

Mother's Name _____ Contact Number _____

Mailing Address _____ Email _____

Father's Name _____ Contact Number _____

Mailing Address _____ Email _____

What kind of care has your child received outside your home? (Day care, play groups, with grandparents, etc.) _____

How do you hope your child will benefit from a Montessori environment? _____

Will you be able to volunteer at least 10 hours of your time, per year? ___NO ___YES

___In the Classroom

___Projects at home