



Orchard Montessori School

APPLICATION FOR ADMISSION

Student's Name _____ Male ☐ Female ☐

Birth date _____ Child's age when school starts: _____

Address _____

City _____ State _____ Zip code _____

Name of Father/Guardian _____ Home Phone _____

Occupation of Father/Guardian _____ Work Phone _____

E-mail Address of Father/Guardian _____

Name of Mother/Guardian _____ Home Phone _____

Occupation of Mother/Guardian _____ Work Phone _____

E-mail Address of Mother/Guardian _____

Previous School/group experience: _____

Names and ages of Siblings: _____

Toilet Trained? Yes ____ No ____

Indicate any allergies, medical concerns or other conditions affecting your child: _____

What are your expectations? _____

Please select one from the following:

Primary Program (2 – 6 year old's) (September thru June) (Child should be potty trained)	Hours (Monday-Friday)	Monthly Fee
<input type="checkbox"/> 5 Full Days	8:30am –3:30pm	\$950
<input type="checkbox"/> 5 Full Days	8:30am –4:30pm	\$1050
<input type="checkbox"/> 5 Full Days	8:30am - 5:00pm	\$1250
<input type="checkbox"/> 5 Full Extended Days	8.30am- 6:00pm	\$1350

A non-refundable \$50 application fee is due with this application