



Application Form - 5 Days a Week (4 years old +) 2026 – 2027

New applications accepted from 1/10/26

Student

Full Legal Name: _____

Student's name to be used in preschool: _____

Languages spoken at home? _____

Age as of 9/1/26 : _____ Gender: _____ Date of Birth: _____

Mailing Address: _____

(Please list student's primary mailing address. If parents live separately, please note this below.)

Location of previous preschool experience? _____ Teacher name _____

Previous Montessori experience? :- Yes / No. If yes, how many years/months? _____

Is this a kindergarten year (Please circle):- Yes / No.

Parents or Guardians Information

(Please fill in all areas that pertain to you.)

Parent 1

Parent 2

Name(s): _____

Relationship: _____

Home Address: _____

Home Phone: _____

Profession: _____

Business Phone: _____

Cell Phone: _____

E-mail Addresses: _____

Session preference (Please check):- M – F* 8.30 - 11.30 a.m. _____ or 12.30 - 3.30* p.m. _____

*Thursday & Friday's PM class joins the AM class on Fridays for 4 hours, from 8:15am – 12:15pm. No Thurs or Fri PM class sessions run.

Are any siblings also planning to attend FSM, either now or in the future? (**Please circle**):- Yes / No.

Siblings Name(s) _____ Birth Date(s) _____

Have you had a tour of the school or attended an open house? _____

DUE WITH THIS APPLICATION:

- A \$150 non-refundable, new student application fee (waived for Military families).
- A non-refundable deposit of \$625 that will be credited toward June 2027's tuition payment/annual tuition, that will hold your child's place for school year 2026-27

In keeping with the spirit of Montessori, which emphasizes the importance of parents' or guardians' participation in the education of your child, I/we agree:

(Please initial)

1. To observe in the classroom at some point through the academic year either in person or virtually. _____
2. To attend a parent conference with staff, either in person or remotely, to discuss student progress. _____
3. To familiarize myself with the parent information packet and I will promptly inform the school of any information changes on forms filled out for my child. _____
4. To do my best to attend parent information sessions held or recommended by the school. _____
5. To provide (est.) 2 weeks of snack for the class during the school year (schedule will be provided). _____
6. To sign up for Transparent Classroom App (a free & trusted Montessori Record Keeping System). _____

Please mail completed application form, deposit and application fees to **FSM, P.O. Box 1523, Poulsbo WA 98370** or hand to us at an Open House.

Date: _____ Signature: _____
(Parent or Guardian)

Date: _____ Signature: _____
(Parent or Guardian)

Thank you! We will let you know the status of your application within 14 days.

