



P.O. Box 1523, Poulsbo, WA 98370

Application Form - 5 days a week (4 year olds +)

2025 – 2026

New applications accepted from 1/11/25

Student

Full Legal Name: _____

Student's name to be used in preschool: _____

Languages spoken at home? _____

Age as of 9/1/25 : _____ Gender: _____ Date of Birth: _____

Mailing Address: _____

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

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

Location of previous preschool experience? _____ Teacher name _____

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

Parents or Guardians Information

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

Parent One

Parent Two

Name(s): _____

Relationship: _____

Home Address: _____

Home Phone: _____

Profession: _____

Business Phone: _____

Cell Phone: _____

E-mail Addresses: _____

(Be sure to complete the other side of this form.)

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

*Thurs & Fri PM class joins the morning class on Thurs & Fri 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 toured FSM or attended an Open House? _____

DUE WITH THIS APPLICATION:

- A \$100 non-refundable, new student application fee (waived for Military families).
- A non-refundable deposit of \$585 that will be only credited toward the June 2026 tuition payment/annual tuition, that will hold your child’s place for school year 2025-26

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, at a mutually convenient time, either in person on Zoom. _____
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 One or Guardian)

Date: _____ Signature: _____
(Parent Two or Guardian)

Thank you! We will let you know the status of your application within 30 days.

