



P.O. Box 1523, Poulsbo, WA 98370

## Application Form - 3 Days a Week (students 2.5 & 3 years old) 2024 – 2025

New applications accepted from 1/13/24

### Student

Full Legal Name: \_\_\_\_\_

Student's name to be used in preschool: \_\_\_\_\_

What languages spoken at home? \_\_\_\_\_

Age as of 9/1/24 : \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**(Please list student's primary address. If parents live separately, please list other address on back of this form.)**

Previous preschool experience & location? \_\_\_\_\_ Teacher \_\_\_\_\_

Previous Montessori experience? **(Please circle):-** Yes / No. How many months/years \_\_\_\_\_

### Parents or Guardians Information

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

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 – W 8:30 - 11:30 a.m. \_\_\_\_\_ **or** M – W 12:30 – 3:30 p.m. \_\_\_\_\_

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 FSM or attended an Open House? \_\_\_\_\_

**DUE WITH THIS APPLICATION:**

- A \$100 returning student application fee if not already paid (waived for Military families)
- A non-refundable deposit of \$450 that will be credited toward June 2025's tuition payment/annual payment. This will also hold your child's place for school year 2024-2025.

\_\_\_\_\_

**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 handbook, information packet and the parent handbook. I will 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 & fee to **FSM, P.O. Box 1523, Poulsbo WA 98370.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
**(Parent 1 or Guardian)**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
**(Parent 2 or Guardian)**

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

