



P.O. Box 1523, Poulsbo, WA 98370

## Application Form - 5 Days a Week (4 years old +) 2024 – 2025

New applications accepted from 1/13/24

### Student

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

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

Languages spoken at home? \_\_\_\_\_

Age as of 9/1/24 : \_\_\_\_\_ 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.)

	<u>Parent 1</u>	<u>Parent 2</u>
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. \_\_\_\_\_  
\*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 \$100 non-refundable, new student application fee (waived for Military families).
- A non-refundable deposit of \$575 that will be credited toward June 2025’s tuition payment/annual tuition, that will hold your child’s place for school year 2024-25

**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 or Guardian)**

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

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

