



P.O. Box 1523, Poulsbo, WA 98370

Application Form - 5 Days a Week (4 yr olds +) 2021 - 2022

Student

Full Legal Name: _____

Student's name to be used in preschool: _____

What is the primary language spoken at home? _____

Age as of 9/1/21 : _____ 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? _____ Teacher name _____

Any previous Montessori experience? **(Please circle):-** Yes / No. If yes, how many years? _____

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

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 times:- Mon - Weds 8.15 - 11.30 a.m Thurs & Fri 8:30 – 12:30 **Initials** Parent 1 _____ Parent 2 _____

Are any siblings also planning to attend FSM? **(Please circle):-** Yes / No.

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

DUE WITH THIS APPLICATION:

- A \$100 student application fee (waived for Military families).
- A deposit of \$525 that will be credited toward June 2022's tuition payment/annual tuition. This will hold your child's place for school year 2021- 2022.
- Signed Parent Commitment form

***Please note the deposit and application fees are non- refundable if school is in session in Fall 2021.**

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:

1. To remotely observe in the classroom at some point through the academic year.
2. To attend parent conferences on Zoom with the class teacher, at a mutually convenient time.
3. To familiarize myself with the FSM Parent Handbook, information packet and pandemic addendum to 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 your child's daily healthy snack (and ice pack if needed).
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.**

We will confirm receipt of your application within 7 days. Thank you!

Date: _____ Signature: _____

(Parent or Guardian)

Date: _____ Signature: _____

(Parent or Guardian)

