



Application Form - 3 Days a Week (students 2.5 & 3 years old)

2026 – 2027

New applications accepted from 1/10/26

Student

Full Legal Name: _____

Student's name to be used in preschool: _____

What languages spoken at home? _____

Age as of 9/1/26 : _____ 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 Montessori experience? (Please circle):- Yes / No. How many months/years _____

Previous preschool experience & location? _____ Teacher _____

Parents or Guardians Information

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

Parent One

Name(s): _____

Relationship: _____

Home Address: _____

Home Phone: _____

Profession: _____

Business Phone: _____

Cell Phone: _____

E-mail Addresses: _____

Parent Two

Session Preference (Please check):- M – W 8:30 - 11:30 a.m. _____ or M – W 12:30 – 3:30 p.m. _____
(Morning session for ages 2.5+) (Afternoon session for ages 3+)

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 \$150 returning student application fee if not already paid (waived for Military families)
- A non-refundable deposit of \$485 that will be credited toward the June 2027 tuition installment/annual payment. This will also hold your child's place for school year 2026-2027.

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 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 30 days.

