



Woodland Montessori School

5 Park Hill Rd.
Kalispell, MT 59901
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E-mail: woodland@mtmontessori.com

Pre-Admission Application

Application is hereby made for admission of my child as a student at Woodland Montessori School, Inc., for the academic year 20_____. I understand that this form carries no financial obligation, but automatically adds my child to the waiting pool.

Child's Full Name _____

Birth Date _____ M F Home Phone _____

Home Address _____

Email Address _____

Has the child attended any previous child care/school? No Yes If yes, please list name and phone number of child care/school:

Has the child received the state-recommended immunizations for his or her age? No Yes

How did you hear about Woodland Montessori School? _____

Father/Guardian	
Father/Guardian Name	
Business or Profession	
Business Name	
Business Address	
Business Phone	
Home Address (if different from above)	

Mother/Guardian	
Mother/Guardian Name	
Business or Profession	
Business Name	
Business Address	
Business Phone	
Home Address (if different from above)	

Woodland Montessori Programs (please indicate anticipated schedule)	
<p>HALF DAY 8:45-12:25</p> <p><input type="checkbox"/> Five days per week</p> <p><input type="checkbox"/> Four days per week (Monday-Thursday)</p> <p><input type="checkbox"/> Three days per week (Tuesday-Thursday)</p> <p>FULL DAY 8:45-3:00</p> <p><input type="checkbox"/> Five days per week</p> <p><input type="checkbox"/> Four days per week (Monday-Thursday)</p> <p><input type="checkbox"/> Three days per week (Tuesday-Thursday)</p> <p>EXTENDED CARE</p> <p><input type="checkbox"/> Before school care 7:30-8:45</p> <p><input type="checkbox"/> After school care 3:00-5:30</p>	<p><input type="checkbox"/> Please consider my child in the Montessori EARLY LEARNER program. <i>Children ages 24-48 months. Those younger than age 3 (36 months) as of September 10 of the school year <u>must</u> start here.</i></p> <p><input type="checkbox"/> Please consider my child in the Montessori EARLY CHILDHOOD program. <i>Children must be 3 years old and bathroom independent by September 10 of the school year.</i></p> <p><input type="checkbox"/> Please consider my child for the Montessori LEADERSHIP YEAR (kindergarten). He or she will be in an Early Childhood classroom and engage in special academic and extracurricular activities. <i>Must be age five by September 10 of the school year and attend on an 8:45-3:00 Monday-Friday schedule by January of the Leadership Year.</i></p>