

Toddler Application 2010–2011



24326 Issaquah–Fall City Road
Issaquah, WA 98029
Phone: 425.557.7705
www.issaquahmontessori.com

OFFICE USE ONLY
Date Received _____
Received by _____
Check # _____

Last name of child _____ First name _____ Suffix _____

Address _____ City _____ ZIP _____

Family email address _____ Home phone _____

Birth date (mm/dd/yyyy) _____ Age on July 12, 2010 _____ Gender: male female

Schedule request: 5 full days 5 extended days 5 half days

2 full days 2 extended days 3 full days 3 extended days

Child Care: Morning—yes no Afternoon—yes no Frequency—monthly occasionally

Parent/guardian _____

Address (if different) _____ City _____ ZIP _____

Employer _____ Position _____

Mobile phone _____ Work phone _____

Parent/guardian _____

Address (if different) _____ City _____ ZIP _____

Employer _____ Position _____

Mobile phone _____ Work phone _____

Other children in family: Name _____ Age _____ Name _____ Age _____

What is the primary language spoken at home? _____

Is the applicant toilet trained? yes no in the process Does the applicant nap? yes no occasionally

What is your experience with Montessori education? _____

What are your education plans for your child?

- Attend IMS through kindergarten Attend Montessori through elementary
- After IMS, attend public school After IMS, attend traditional private school
- Other plans: _____

I have fully disclosed all information necessary for Issaquah Montessori School to create and implement an effective education plan for my child. I hereby apply for the admission of _____ to Issaquah Montessori School and agree to abide by the rules and regulations thereof.

Signature of parent or guardian

Date

*No child will be excluded
on the basis of sex, race, religion or natural origin.*

**This form must be accompanied by
a \$75 non-refundable application fee.**