

Preschool Enrollment Application 2018-2019



BASIC INFORMATION

(Submit one form per student)

Today's Date _____
Child's Name _____
Date of Birth _____ Gender (circle) M F
Sibling's Name _____ Age _____

Parent/Guardian #1 _____
Address _____
City, State, Zip _____
Phone _____
Email _____

Parent/Guardian #2 _____
Address _____
City, State, Zip _____
Phone _____
Email _____

If you have additional parents you would like to list, please do so on the back of this form.

SUPPLEMENTAL INFORMATION

(This section is optional)

Has your child had experience in a Montessori classroom before? _____

If so, at what age(s)? _____

Why do you feel a Montessori education would suit your child?

How did you hear about Desert Sky Montessori Primary?

Are you interested in volunteering to support our program? YES NO

PLEASE MAIL COMPLETED FORM TO:

Desert Sky Montessori Primary
150 NE Bend River Mall Drive, suite 260
Bend, Oregon, 97703 or email to
jodie.borgia@dsmontessori.org.

Desert Sky Montessori Primary does not discriminate against individuals of a particular race, color, national or ethnic origin, age, religion, sex, sexual orientation, gender identification and expression, against individuals with disabilities, or any other characteristics protected under applicable federal or state law.