

# Discovery Montessori School

Student Entry 2024-25-26

Date \_\_\_\_\_

The application is active for one year and renewable. \$45 Application Fee due with Form.

Return to **Discovery Montessori School, 2836 34<sup>th</sup> Avenue West, Seattle, WA 98199**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Phone #2 \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent: \_\_\_\_\_ Parent: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Place: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_ e-mail: \_\_\_\_\_

Please list siblings and birthdates:

Names of other guardians:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe your child's experience to date in terms of peer group and/or school

\_\_\_\_\_  
\_\_\_\_\_

Describe your child's present health and significant health history:

\_\_\_\_\_  
\_\_\_\_\_

Date of last physical exam: \_\_\_\_\_ Toilet Ready? \_\_\_\_\_

When do you wish for you child to begin attending Discovery Montessori?

\_\_\_\_\_

Please indicate your interest in a schedule on the Enrollment Worksheet...

# Discovery Montessori School

## Enrollment Worksheet

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Parents, please use this worksheet to plan your child's enrollment for the Summer Session & School Year. This form and your application are submitted together.

This is not an enrollment agreement. You will receive notice of enrollment times.  
Your selection of session and schedule will include you in our enrollment process.

### Select your starting session...check schedule options below.

\_\_\_\_\_ Summer Session: July to August      YEAR \_\_\_\_ 2024    \_\_\_\_ 2025    \_\_\_\_ 2026  
\_\_\_\_\_ 6 weeks      \_\_\_\_\_ 4 weeks      \_\_\_\_\_ 3 weeks      \_\_\_\_\_ 2 weeks  
\_\_\_\_\_ School Year: September to June YEAR \_\_\_\_ 2024-25    \_\_\_\_ 2025-26

### Schedule:

\_\_\_\_\_ Full Time 8:15-3:15  
\_\_\_\_\_ Mornings: 8:30 – 11:30 a.m.    Monday-Friday  
\_\_\_\_\_ Afternoons: 12:30 – 3:30 p.m.    Monday-Friday

Please add any other details about your plans for your child's school entry and schedule:

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What are your reasons for choosing Montessori education for your child? \_\_\_\_\_

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What do you hope for your child to gain from experience in our program? \_\_\_\_\_

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Parent Signature \_\_\_\_\_

Date Submitted \_\_\_\_\_