# Discovery Montessori School

**Student Entry** 2027-28-29 **Date**_____

The application is active for one year and renewable. $50 Application Fee due with Form.

Return to **Discovery Montessori School, 2836 34th 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:

_____

_____

What languages are spoken in the home or family?

_____

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?_____

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**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 a session and schedule will include you in our enrollment process.

Select your starting session…check schedule options below.

_____ Summer Session: July to August YEAR ___ 2027___ 2028 ___2029

_____ School Year: YEAR ____ 2026-27 ____ 2027-28 ____2028-2029

Schedule: _____ School Day 8:15-3:15 _____Early arrival 7:30-8:15

_____ Half Day: _____ 8:15 – 11:45 a.m. _____ 12:15 – 3:15 p.m.

_____ School Day + ____ 8:15-4:15 _____ 8:15-5:15

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? _____

_____

_____

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

_____

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Parent Signature _____ Date Submitted_____