

Toddler Application



OFFICE USE ONLY
Date Received _____
Received by _____
Check # / Amount _____
Start date _____

September 2012–June 2013

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

Last name of child _____ First name _____
Address _____ City _____ ZIP _____
Family email address _____ Home phone _____
Birth date (mm/dd/yyyy) _____ Age on September 1, 2012 _____ Gender: male female

Schedule request: 5 full days 5 half days 2 full days 3 full 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 _____

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Address (if different) _____ City _____ ZIP _____
Employer _____ Position _____
Mobile phone _____ Work phone _____

Other household or family members:
Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

What is the primary language spoken at home? _____

Describe your child's previous social experiences (play groups, infant/toddler environments, home with parent or nanny, etc.) _____

My child is toilet trained: yes no in the process My child dresses independently: yes no occasionally
My child takes naps: yes no occasionally My child feeds herself/himself: yes no occasionally
My child uses a sippy cup: yes no occasionally My child has a vocabulary of 10 20 50 words

Has your child had any remedial work, diagnostic evaluations, special tutoring, enrichment classes or any significant medical history of which we should be aware? yes no If yes, please explain.

What role can we expect you to take in facilitating your education goals for your child?

Where do you see your child in his or her social and emotional development?

What is your experience with Montessori education?

How did you hear about Issaquah Montessori School (IMS)?

What qualities of IMS attracted your family to our community?

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 national origin.*

This form must be accompanied by:

- **New students: \$75 non-refundable application fee**
- **Returning students: \$100 enrollment fee**