



Woodland Montessori Application Form

402 S. Coleman Rd., Spokane Valley 99212 (509) 924-1324

Child's Name _____ Birth Date _____ Sex M F

Parent _____

Address _____

City _____ State _____ Zip _____

Phone _____ email _____

Parent _____

Address _____

City _____ State _____ Zip _____

Phone _____ email _____

Approximate Start Date (month/year): _____

Child's schedule: 9:00 - 12:00 9:00 - 3:00 Full Day

List your child's previous school experience, including dates:

List your child's siblings and their ages:

Additional information that is important for us to know about your child:

I would like to enroll my child. **I understand that it is expected that my child will attend this program through his or her kindergarten year and that a \$50.00, non-refundable enrollment fee is due with this application.**

Signature of Parent

Date