

Montessori School of Seattle

Enrollment Form 2024-2025

Name (First, Last): _____ Gender _____ Birthdate _____
 Parent 1: _____ Occupation: _____
 Parent 2: _____ Occupation: _____
 Address: _____ Zip: _____
 Phone: _____ Email: _____

Has your child ever attended school? Where? _____

Does your child have any special considerations, medical or otherwise? _____

Emergency Contact: _____ Number: _____

Family Doctor: _____ Number: _____

In case of an emergency, may we take your child to a hospital? Yes _____ No _____

In addition to the parents, who is permitted to collect your child from school?

Name: _____ Phone: _____

Name: _____ Phone: _____

Do we have permission to share pictures of your children on our website? Yes _____ No _____

How did you hear about our school? _____

Please mark desired program and circle preferred days:

Morning

2 Days _____ M T W Th F

3 Days _____ M T W Th F

5 Days _____

Afternoon

2 Days _____ M T W Th F

3 Days _____ M T W Th F

5 Days _____

Full Day

2 Days _____ M T W Th F

3 Days _____ M T W Th F

5 Days _____

Please include a non refundable deposit of last month's tuition to reserve placement

	Five Day Program	Three Day Program	Two Day Program
Half Day:	\$ 1400	\$ 1000	\$ 700
Full Day:	\$ 2800	\$ 2000	\$ 1400

Parent Signature _____

720 18th Ave E Seattle, WA 98112
206.325.0497

MontessoriSchoolofSeattle.com
admin@montessorischoolofseattle.com