



Application for Admission

School Year: 2024-2025

Application for placement in the following program:

_____ Full day Montessori Day School (8:30 a.m. to 2:30 p.m.)

_____ Half day Montessori Day School reserved for children under 4 years (8:30 a.m. to 11:30 a.m.)

Student Information:

Last Name: _____ First Name: _____

Nickname or preferred name: _____

Date of Birth: _____ Age _____

Allergies/medical conditions/medications _____

Primary Guardian Information

Name: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

Secondary Guardian Information

Name: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

Sibling information (names and ages):

Please email this form to Ampersandschoolhouse@gmail.com

Registration Fee: \$300 is due at time of enrollment.

Office Use Only

Registration Fee: \$ _____

Invoice # _____

Seat # _____

Waitlist # _____