Roots and Wings Montessori, LLC 518-371-1535

Program Application Form

Child's Name:		Birthdate:	Gender:	
Child's Name:		Birthdate:	Gender:	
Address:	Town	Zip		
Telephone:	Email			
Parents / Guardians:				
Name:		Relationship:		
Address:		Zip:	Home Phone:	
Occupation:	Hours of Employment:			
Work Address:			Work Phone:	
Name:	Relationship:			
Address:		Zip:	Home Phone:	
Occupation:	Hours of Employment:			
Work Address:			Work Phone:	
Previous School / Child	care Situation:			
How did you learn abo	out Roots and W	ings Montessori	?	
Why do you wish to se	end your child to	a Montessori Pr	ogram?	
Please describe your c	hild's personalit	y or temperamen	ıt:	

Over.....

Infant (6 Wks-18 Months)	_ Toddler (18 Months-3 Years)	Primary (3 – 5 Years)
Please rank your choice of progr	ram (1 st , 2 nd , 3 rd):	
3 days / week – Monday, T	uesday, Wednesday	
3 days / week – Wednesday	, Thursday, Friday	
4 days / week – Monday, T	uesday, Thursday, Friday	
5 days / week – Monday –	Friday	
Please indicate the hours you are	e interested in having your child attend	d.
Morning program	8:30AM - 11:30AM	
Afternoon program	12:15PM - 3:15PM	
Full Day Program	8:30AM - 3:15PM	
Before Care	7:30AM-8:30AM	
After Care	3:15PM- 4:15PM	
After Care	3:15PM-5:30PM	
contained in it will be kept co application fee of \$60 (check and fee before your child can	e to fill out this application comple nfidential. Please return this form or cash) We must receive both yo be considered for placement in ou ots and Wings Montessori we will	with a non-refundable our completed application our program. If we are able to
Parent / Guardian Signature:		Date:

Roots and Wings Montessori does not discriminate on the basis of race, color, religion, or national and ethnic origin.