



# The Franklin Montessori School

4473 Connecticut Ave. N.W. Washington, DC 20008

Tel. 202.966.7747 Fax. 202.966.8508

## APPLICANT INFORMATION

\_\_\_\_\_  Female  Male  
First Name Middle Name Last Name

\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Desired Date of Enrollment \_\_\_\_/\_\_\_\_/\_\_\_\_  
Preferred Name/Nickname month day year month year

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code Home Telephone

## PARENT INFORMATION

Mr.  Mrs.  Ms.  Dr.  No Title

\_\_\_\_\_  
First Name Last Name Relationship to child

\_\_\_\_\_  
Employer's Name Address

\_\_\_\_\_  
Business Telephone Cell phone Email

Married  Partnered  Separated  Divorced  Single

Mr.  Mrs.  Ms.  Dr.  No Title

\_\_\_\_\_  
First Name Last Name Relationship to child

\_\_\_\_\_  
Employer's Name Address

\_\_\_\_\_  
Business Telephone Cell phone Email

Married  Partnered  Separated  Divorced  Single

\_\_\_\_\_  
Legal Guardian(s) of Applicant

Custody Matters: If yes, please specify  Joint custody  Mother has custody  Father has custody  Other \_\_\_\_\_

## SIBLING INFORMATION

\_\_\_\_\_  
Name Age Attended Franklin? YES/NO

\_\_\_\_\_  
Name Age Attended Franklin? YES/NO

**Please Note\*\*\***  
**Please enclose a \$50 non-refundable application fee with this application.**  
**Upon acceptance, there is a \$500 non-refundable fee, separate from tuition, to secure your child's space.**

**PROGRAM OPTIONS** (Check all that apply)

**Two-Year Old Program**

Half Day 9:15a.m. - 12:15a.m.  Full Day with Nap 9:15a.m. - 3:30p.m.

**Primary Program (3-6yrs)**

Half Day 9:15a.m. - 12:15a.m.  Full Day with Nap 9:15a.m. - 3:30p.m.  
 Full Day without Nap 9:15a.m. - 3:30p.m. (children under 4yrs. not eligible)

**Extended Day Options**

Early Risers 7:30a.m. - 8:30a.m.  Morning Montessori 8:30a.m. - 9:15a.m.  
 After School Program 3:30p.m. - 6:00p.m. (Primary Program only)

**11 Month Option** (September – July) yes

**QUESTIONNAIRE**

**Has your child previously attended preschool?** \_\_\_\_\_ \*If yes, please submit a recommendation form from the last school your child attended.

**Is your child completely toilet trained?** \_\_\_\_\_

**Big events in your child's life:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please describe any social, emotional or physical needs your child may have.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why did you choose The Franklin Montessori School for your child?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What goals do you have for your child that you hope will be attained at The Franklin Montessori School?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you learn about The Franklin Montessori School?**

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian (signature)

Date

**OFFICE USE ONLY:** AR \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Check # \_\_\_\_\_)  
PD \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
AC \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Check # \_\_\_\_\_)  
EPS \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

