



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

*****Note: Please enclose a \$50 non-refundable application fee with this application.**

PROGRAM OPTIONS (Check all that apply)

Two-Year Old Program

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

Primary Program (3-6yrs)

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

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

Extended Day Options

Early Risers 7:30 a.m. - 8:30 a.m. Morning Montessori 8:30 a.m. - 9:15 a.m.

After School Program 3:30 p.m. - 6:00 p.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 _____ / _____ / _____