

APPLICATION *Infant / Two-Year Old / Primary (3-6yrs.)*

Forest Hills Campus



The Franklin Montessori School

4473 Connecticut Ave. N.W Washington, DC 20008 Tel. 202.966.7747 Fax. 202.966.8508

APPLICANT INFORMATION

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

First Name _____ Last Name _____ Relationship to child _____

Employer's Name _____ Address _____

Business Telephone _____ Cell phone _____ Email _____

Married Partnered Separated Divorced Single

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 _____

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

PROGRAM OPTIONS (Check all that apply)

Infant Program 8:00 a.m. – 6:00 p.m.

Two-Year Old Program

Half Day 9:00 a.m. - 12:15 p.m.

Full Day with Nap 9:00 a.m. - 3:30 p.m.

Primary Program (3-6yrs)

Half Day 9:00 a.m. - 12:15 p.m.

Full Day with Nap 9:00 a.m. - 3:30 p.m.

Full Day without Nap 9:00 a.m. – 3:30 p.m. (children under 4yrs. not eligible)

Extended Day Options

Early Risers 7:30 a.m. - 8:00 a.m.

Extended Day Program 3:30 p.m. - 6:00 p.m.

11 Month Option (September – July) or **12 Month Option** (7:30 – 6:00 September – August)

QUESTIONNAIRE

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

Is your child able to use the toilet independently? _____

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? If recommended by a Franklin Family please list below.

Parent/Guardian (signature)

Date

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OFFICE USE ONLY:	AR	____/____/____	(Check # _____)
	PD	____/____/____	
	AC	____/____/____	
	ER	____/____/____	(Check # _____)
	EPS	____/____/____	