



Application for Admission Primary Program Wee Threes Program

Child's Name _____
First Middle Last Nickname

Home Address: _____
Street City/Town State Zip Code

Date of Birth _____ Sex _____ Year of admission _____

Applying for: Wee Threes* _____ Preschool _____ Kindergarten _____
*turn 3 between September 1 and December 31

Siblings and ages _____

Parent/Guardian _____
Mother /Guardian 1 Father/Guardian 2

Address _____
Mother/Guardian 1 if different than child's home address Father/Guardian 2

Occupation _____
Mother/Guardian 1 Father/Guardian 2

Telephone _____
Home Work Home Work

Name of previous school(s) attended _____

How did you hear about the Ocean State Montessori School? _____

Will your child require after school care? Yes ___ No _____ If yes, number of days per week ___

As a member of a parent cooperative school, what talents, interests, or resources can you share to enhance the Ocean State Montessori School community?

A registration fee of \$40 must accompany this application. This fee is non-refundable and is not applied to tuition. A limited amount of financial aid is available. Please ask for more information.

Signature of parent/guardian _____ Date _____