 **De La Fontaine Trilingual Montessori School**

**Application 20.. - 20..**



**Has your child had previous daycare/preschool experiences?:**

**What language(s) is/are spoken in your home?:**

**How did you hear about De La Fontaine Trilingual Montessori School?**

**Why do you wish to have your child enrolled at De La Fontaine Trilingual Montessori School?**

**What language would you like your child to be exposed to?**

 **English**

 **French**

 **Spanish**

**Additional information or comments about your child:**

**I/WE hereby apply for admission for my son/daughter**

**to De La Fontaine Trilingual Montessori School.**

**Signature of Parent(s) / Guardian(s)**

 **Date: / /**

 **Date: / /**