

De La Fontaine Trilingual Montessori School

Application for enrollment 2023-2024

INFANT / YOUNG TODDLER

		Child's in	Tormation							
Last Name:			First Name:							
Date of Birth:	te of Birth: Gender:			Desired starting date:						
	-		1							
		Sibling Ir	formation							
Child's name:			Date of Birtl	h: Gender:						
Child's name:			Date of Birtl	h: Gender:						
Child's name:			Date of Birtl	h: Gender:	Gender:					
	Par	rent's / Guardian':	s Contact In	formation						
Last Name:			First Name:							
Relation to Chil	d:		E-mail Address:							
Current address	:		Phone:							
Desired Program										
	Program hours Infant (A		L2 months)	Young Toddler						
		program not a St Petersburg		(Age 12-24 months)	onths)					
	9:00am - 3:00pm 8:00am - 5:00pm	☐ 2 days (Th,F)☐ 2 days (Th,F)	[1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	2 days (Th,F) Full day 2 days (Th,F) Ext. day						
	9:00am - 3:00pm 8:00am - 5:00pm	3 days (M,T,) 3 days (M,T,)	W) Full day	3 days (M,T,W) Full day 3 days (M,T,W) Ext. day						
	9:00am - 3:00pm 8:00am - 5:00pm	5 days - Full 5 days - Exte	75.50	☐ 5 days - Full day ☐ 5 days - Extended day						
	8:00am - 9:00am 3:00pm - 5:00pm	☐ Before School ☐ After School		☐ Before School ☐ After School						

Do you want to enroll at: Seminole Campu	ıs or		St	Petersburg	Camp	ous?						
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												
Additional information or comments about your child	:											
I/WE hereby apply for admission for my son/daughte	r											
to De La Fontaine Trilingual Montessori School.												
Signature of Parent(s) / Guardian(s)												
				Date:	/	/						
				Date:	/	/						

Thank you very much for your interest in De La Fontaine Trilingual Montessori School!