



De La Fontaine Trilingual Montessori School

Application for enrollment 2023-2024

TODDLER / PRIMARY

Child's Information		
Last Name:		First Name:
Date of Birth:	Gender:	Desired starting date:

Sibling Information		
Child's name:	Date of Birth:	Gender:
Child's name:	Date of Birth:	Gender:
Child's name:	Date of Birth:	Gender:

Parent's / Guardian's Contact Information	
Last Name:	First Name:
Relation to Child:	E-mail Address:
Current address:	Phone:

Desired Program			
Program hours	Toddler (Age 2-3 years old)	Primary (Age 3-4 years old)	Kindergarten (Age 5 as of Sept 1)
9:00am - 3:00pm 8:00am - 5:00pm	<input type="checkbox"/> 2 days (Th,F) Full day <input type="checkbox"/> 2 days (Th,F) Ext. day		
9:00am - 3:00pm 8:00am - 5:00pm	<input type="checkbox"/> 3 days (M,T,W) Full day <input type="checkbox"/> 3 days (M,T,W) Ext. day		
9:00am - 12:00pm 9:00am - 3:00pm 8:00am - 5:00pm	<input type="checkbox"/> 5 days - Half day <input type="checkbox"/> 5 days - Full day <input type="checkbox"/> 5 days - Extended day	<input type="checkbox"/> 5 days - Half day <input type="checkbox"/> 5 days - Full day <input type="checkbox"/> 5 days - Extended day	<input type="checkbox"/> 5 days - Full day <input type="checkbox"/> 5 days - Extended day
8:00am - 9:00am 3:00pm - 5:00pm	<input type="checkbox"/> Before School <input type="checkbox"/> After School	<input type="checkbox"/> Before School <input type="checkbox"/> After School	<input type="checkbox"/> Before School <input type="checkbox"/> After School

Do you want to enroll at: _____ Seminole Campus or _____ St Petersburg Campus?

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?

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: / /

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