



De La Fontaine Trilingual Montessori School

Application for enrollment

INFANT / YOUNG TODDLER

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	Infant (Age 2-12 months) program not available at St Petersburg campus	Young Toddler (Age 12-24 months)
9:00am - 3:00pm	<input type="checkbox"/> 5 days - Full day	<input type="checkbox"/> 5 days - Full day
8:00am - 5:00pm	<input type="checkbox"/> 5 days - Extended day	<input type="checkbox"/> 5 days - Extended day
8:00am - 9:00am	<input type="checkbox"/> Before School	<input type="checkbox"/> Before School
3:00pm - 5:00pm	<input type="checkbox"/> After School	<input type="checkbox"/> After School

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

De La Fontaine Trilingual Montessori School

Seminole campus: 8351 Bayou Boardwalk, Seminole, 33777 – St Petersburg Campus: 300 58th St. N., St Petersburg 33710

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/our 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!

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