



De La Fontaine Trilingual Montessori School

Application for enrollment

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	Primary	Kindergarten			
	(Age 2-3 years old)	(Age 3-4 years old)	(Age 5 as of Sept 1)			
9:00am - 12:00pm	🗖 5 days - Half day	🗖 5 days - Half day				
9:00am - 3:00pm	🗖 5 days - Full day	🔲 5 days - Full day	🗖 5 days - Full day			
8:00am - 5:00pm	5 days - Extended day	5 days - Extended day	5 days - Extended day			
8:00am - 9:00am	Before School	Before School	Before School			
3:00pm - 5:00pm	After School	After School	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					
Why do you wish to have your child enrolled at De La Fontain	e Trilingual Mon	tessori Sc	hool?		
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!