



N8226 945th St
River Falls, WI 54022
715.426.0350
www.HeartlandMontessori.org

A private, non-profit school offering quality Montessori Education since 1994.

APPLICATION FORM

Child's Name: _____ Date of Birth: _____
Last First Middle

Mother's Name: _____ Phone: _____
Last First M.I.

Mother's Address: _____
Street City State Zip Code

Employment: _____
Business name Occupation

Work/cell phone: _____ E-mail Address: _____

Father's Name: _____ Phone: _____
Last First M.I.

Father's Address*: _____
Street City State Zip Code

Employment: _____
Business name Occupation

Work/cell phone: _____ E-mail Address: _____

If the parents do not live at the same address, which is the child's address? _____

Desired program (check one):

- Children's House (8:30-11:30 a.m.) Extended Day (8:30 a.m.-3:00 p.m.) Elementary (8:30 a.m.-3:00 p.m.)

On what date you would like your child to begin school at Heartland? _____

Which school district does your child live in? _____

Please use the back or a separate sheet of paper if needed to answer the following questions:

Has your child been to school or in daycare before? Please describe the experience _____

How did you hear about Heartland? _____

What is most attractive to you about our school? (e.g., Montessori curriculum, strong parent community, etc.)

In what ways do you expect your child to benefit by attending Heartland? _____

Parent or Guardian Signature: _____ Date: _____

**For your child to be considered for enrollment, this application must be filled out completely and returned to
Heartland Montessori School, N8226 945th Street, River Falls, WI 54022.**