



Application Form

Name of Child _____ Date of Birth _____
Last First M.I.

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

Mother's Address _____
Street City State zip code

E-mail _____

Employment _____ Work/cell phone _____
Business name Occupation

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

Father's Address if different _____
Street City State zip code

Email _____

Employment _____ Work/cell phone _____
Business name Occupation

Please use the back and/or another sheet of paper to answer questions fully.

If parents address is not the same, where does the child reside? _____

Program(check one): Children's House (8:30-11:30am)____, Extended Day(8:30am-3pm) _____, Elementary _____

Date you would like your child to begin: _____

In what School District does the child reside? _____

Has your child been to school/daycare? Please describe the experience _____

How did you hear about Heartland Montessori School? _____

What is it about HMS that appeals to you? (Montessori curriculum, community concept) _____

How do you want your child to benefit by participating in HMS? _____

Parent or Guardian Signature _____ Date _____

Please note: In order for your child to be considered for enrollment, this application must be filled out and returned to Heartland Montessori School, N8226 945th Street, River Falls, WI 54022