



**Eastgate Montessori Garden**  
[eastgatemontessorigarden@gmail.com](mailto:eastgatemontessorigarden@gmail.com)  
425-644-3866

## Request for Enrollment Information

Thank you for your interest in Montessori!

Today's Date: \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Child's Name \_\_\_\_\_ Gender  Male  Female Age \_\_\_\_\_

Birth Date \_\_\_\_\_ Does your child nap?  Yes  No

How old was your child when fully potty trained? \_\_\_\_\_

Siblings' names and ages \_\_\_\_\_

Has your child had any previous preschool or daycare experience? Please describe \_\_\_\_\_

Are you familiar with Montessori? \_\_\_\_\_

How did you hear about our School? \_\_\_\_\_

### Enrollment Preference

*Please check all that apply*

Morning Preschool 9am-12:30pm

Afternoon Preschool 12:30-4pm

Full Day Preschool 9am-3pm

Full Day Preschool 9am-4pm

**Desired Start Date** \_\_\_\_\_

**Comments or Questions** \_\_\_\_\_

We would like to schedule a classroom observation on  Tues  Wed  Thur at  10AM