



# Peace Arch Montessori Preschool and Kindergarten

[www.peacearchmontessori.com](http://www.peacearchmontessori.com) 508 F- Street, Blaine, WA 98230 Tel. 360-684-2926

## Application for Admission

Today's Date: \_\_\_\_\_ Name of Child: \_\_\_\_\_

\_\_\_ Male \_\_\_ Female Child's Nickname \_\_\_\_\_ Child's Age \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

### Parent or Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation/ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### Parent or Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation/ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Names and Ages of your child's siblings: \_\_\_\_\_

Has your child had previous group experience? \_\_\_\_\_

Has your child had special problems such as medical allergies, behavioral, or otherwise that we should be aware of at this time?

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Please describe your child's personality, interest and temperament.

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What is a typical day for your child?

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Child's physician: \_\_\_\_\_ Tel: \_\_\_\_\_

Immunization record (Please give dates):

Diphtheria:

Polio:

Whooping Cough:

Measles:

Tetanus:

Mumps:

In case of emergency, who should we call? (Other than physician or parent)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

Peace Arch Montessori admits children of any race, color, nationality and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school.

Peace Arch Montessori does not discriminate on the basis of race, color, national and ethnic origin in administration of educational policies and admission policies.

When no openings are available children will be placed in the applicant group waiting list. In the event of an opening, children in this group will be considered for enrollment, based on age, in accordance with Montessori principles of education.

**Parent's signature:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_



**Peace Arch Montessori School**

508 F Street Blaine, WA 98230 Tel. 360-684-2926 Email: [fawn@peacearchmontessori.com](mailto:fawn@peacearchmontessori.com)

**Application Tuition Agreement**

**Applying for: September 3<sup>rd</sup>, 2019– June 26<sup>th</sup>, 2020**

**\_\_\_\_Year Round Morning Program 8.30 am – 12.30 pm**

**M T W TH F**

**\_\_\_\_Year Round Afternoon Program 1.00 pm -5.00 pm**

**M T W TH F**

**5 days/week program 490 dollars per month**

**4 days/week program 392 dollars per month**

**3 days/week program 294 dollars per month**

**2 day/week program 196 dollars per month**

**There is 50\$ non- refundable registration fee due with the application form.**

**Parent's Signature:\_\_\_\_\_**

**Parent's Signature:\_\_\_\_\_**