

**BRECKENRIDGE MONTESSORI APPLICATION FORM**

**We are requesting:**

Full-day, 5 day enrollment  Half-day, 5 day enrollment

Full-day, 4 day enrollment  Half-day, 4 day enrollment (M T W Th F (circle))

**Child's Name:** \_\_\_\_\_ **Child's Date Of Birth:** \_\_\_\_\_

**Parent's/Guardian's Name(s) AND email addresses:**

---

---

**Parent's/Guardian's Mailing and Physical Addresses:**

---

---

---

**Parent's/Guardian's Phone numbers: Home** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Parent's/Guardian's Place(s) of Employment (Address/Phone):**

---

---

**Parent's/Guardian's Occupation(s):**

---

---

**Please describe your child's personality traits:**

---

---

**Please describe your child's favorite activities:**

---

---

**Please describe your child's previous daycare/preschool experiences:**

---

---

**What do you hope that your child will gain from attending preschool?:**

---

---

**Please describe your child's living situation (other children's names and ages):**

---

---

**Date Applied:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_