



Initial Contact Information

Primary Program

Date of Visit: _____ Seeking Enrollment: _____
School Year

Child's Name: _____ Gender: _____ Birthdate: _____ Age: _____
Print

Parent Name(s): _____
Print

Phone: _____ Email: _____

Address: _____
Street City State Zip

How did you learn about Turtle River Montessori? Referred by: _____
 TRM Website Social Media Drive By Other _____

Have you had a child previously come through our program? No Yes If yes, name: _____

Please write a general narrative of your child's strengths and weaknesses: _____

Current School: _____ Start/End Dates _____
Name City State

Prior School: _____ Start/End Dates _____
Name City State

Does your child receive any of the following? Occupational Therapy Speech Therapy Physical Therapy
 Gifted Tested 504 Plan Individual Education Plan (IEP) Psycho Educational Evaluation

Sibling Names	Age	Gender	Schools Attending	Years Attended
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Scheduling Options: Half Day Hours: 8:30am to 11:45am Full Day Hours: 8:30am to 2:30pm

Desired Schedule: 5 Half Day 5 Full Day Extended Care (8-8:30 & 2:30-5:45)

For Administrative Use Only:

Comments: _____

Status: Application Provided Waitlist Form Provided Visit Day Scheduled