



# MONTESSORI

SCHOOL OF THE FINGER LAKES



**99 South Street  
P.O. Box 1312  
Auburn, New York 13021  
Phone 315-252-2225  
Fax 315-252-2337**

**www.fingerlakesmontessori.com**

## Registration Form 2009-2010 School Year

Please return this form with a \$30.00 registration fee to confirm definite enrollment. The fee is a one time charge and does not have to be paid if your child is a returning student.

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of Sept. 1, 2009 \_\_\_\_\_ yrs \_\_\_\_\_ mos

Program applying for:      ½ Day Preschool \_\_\_\_\_ Full Day Preschool \_\_\_\_\_  
 Kindergarten \_\_\_\_\_ Elementary (Grade) \_\_\_\_\_  
 Before School Care \_\_\_\_\_ After School Care \_\_\_\_\_  
 Toddler Program Half Day \_\_\_\_\_ Full Day \_\_\_\_\_

|                     |                     |
|---------------------|---------------------|
| Father's Name _____ | Mother's Name _____ |
| Address _____       | Address _____       |
| _____               | _____               |
| _____               | _____               |

|                     |                     |
|---------------------|---------------------|
| Employer Name _____ | Employer Name _____ |
| & Address _____     | & Address _____     |
| _____               | _____               |
| _____               | _____               |

|                    |                    |
|--------------------|--------------------|
| Phone (Home) _____ | Phone (Home) _____ |
| (Work) _____       | (Work) _____       |
| (Cell) _____       | (Cell) _____       |

What is your email address? \_\_\_\_\_

Are you interested in a car pool? \_\_\_\_\_

For Preschoolers:      Previous preschool experience – number of years \_\_\_\_\_  
 Age at which child walked \_\_\_\_\_  
 The child is \_\_\_\_\_ right-handed \_\_\_\_\_ left-handed.

Name of Public Elementary school available to your child \_\_\_\_\_  
\_\_\_\_\_

For all Students:

Please list your child's favorite activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all the individuals living in the household:

| Name  | Relationship to child |
|-------|-----------------------|
| _____ | _____                 |
| _____ | _____                 |
| _____ | _____                 |
| _____ | _____                 |
| _____ | _____                 |

How did you hear of the Montessori School of the Finger Lakes? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long are you planning to enroll your child in this school? \_\_\_\_\_

If an opportunity arose to volunteer your time in the classroom or at the school, what special talent, hobby or interest do you have that you would be willing to share? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which of the following areas would you consider assisting with?

|                         |                        |                                |
|-------------------------|------------------------|--------------------------------|
| _____ Fundraising       | _____ Safety           | _____ Public Relations         |
| _____ Earth Celebration | _____ School Play      | _____ Birthday/Holiday Parties |
| _____ Playground        | _____ Classroom Helper | _____ Volunteer Coordinator    |

Thank you for taking the time to complete this registration form. A contract to clarify tuition and fees will be sent to you for agreement and signature. **If there is anything else you would like to share about your child please make note of it.**