

Keystone Montessori School

3731 William Penn Hwy, Suite 100

Murrysville, PA 15668

(724) 733 - 1015

www.KeystoneMontessoriProgram.com

keystonemontessori@gmail.com



APPLICATION FOR ADMISSION - to provide initial interest to KM School -

A Non-Refundable Registration fee of **\$60** must accompany this Application for Admission
(Registration Fee returned only if the program was not able to enroll child)

Please Print Clearly

Child's Full Name: _____ Sex: Male Female

Date of Birth: _____ Child resides with whom: _____

Applying for: (circle) **Preschool Class:** AM 8:30 – 11:30 PM 12:30 – 3:30 ALL Day

Start Date: _____ # of days per week: _____

Toddler Class: AM session Start Date: _____

Parent's Full Name: (Mother)

Parent's Full Name: (Father)

Child's Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Place of Employment:

(Mother) _____ Phone: _____

(Father) _____ Phone: _____

Are you aware of the following Keystone Montessori guidelines? *(circle yes/no)*

Age restrictions for enrolling in the particular class: **yes** **no**

Child must to be independent in the bathroom in Preschool class: **yes** **no**

Tuition payment options (monthly, quarterly, semester): **yes** **no**

Tuition is due regardless of your child's attendance / illness: **yes** **no**

The school calendar: *hrs of operation, arrival/departure times, holidays/closings, weather related delays*
yes **no**

School district child will attend:

Other programs child has attended:

Other children in family: *(include ages)*

How did you first hear about Keystone Montessori School?

Reason for applying to Keystone Montessori School?

FOR OFFICE USE ONLY:

Date Received: _____ Start Date: _____

Child's Schedule:

Fees Paid: _____ Form of Payment: _____