

Orcas Montessori School

Pre-Registration Form 2017-18

Date received by school _____

Child's name _____ Birth date _____

Parent's name _____

Address _____ Phone _____

_____ cell phone _____

Email address _____

Please check the program(s) you wish to enroll your child in:

____ Morning session – 4 days 8:15-11:30

____ Morning session – 5 days 8:15-11:30

____ Afternoon session- Monday through Thursday 12:30-3:30

____ Morning with Lunch /Transition 4 days 8:15-12:30

____ Afternoon with Lunch Transition Mon-Thu 11:30-3:30

____ Morning with Lunch /Transition 5 days 8:15-12:30

____ Extended day including lunch- Mon through Thur 8:15-3:30

____ Extended day Mon – Thurs 8:15-3:30 AND Fri 8:15-12:30

1) How did you hear about Orcas Montessori School (check all that apply)?

☐ Friend/acquaintance ☐ Current/former OMS parent ☐ Web search ☐ Other (please describe)

2) Why did you choose to enroll your child at Orcas Montessori and which other preschools did you seriously consider?

3) What did you like or not like about the enrollment process (including open house, observations, paperwork, meeting with the teachers, etc.)? Do you have any suggestions?