

Far Horizons Montessori School - 2490 Hilyard St. Eugene, Or. 97405

541-485-0521 email: fhms2011@live.org www.farhorizonsmontessori.com

Application (Due March 15)

Child's Name _____ Name Used _____

Birth date _____ Primary Language _____ Gender _____

Family Information: Parental Status: | Married | Partners | Divorced | Separated | Single

Parent:	Parent
Address	Address
Phone	Phone
Employer	Employer
Work Phone Cell	Work Phone Cell
SS#	SS#
Email: (mandatory)	Email: (mandatory)
Drivers Lic. #	Drivers Lic. #

Other People Living in the Home:

_____ Age _____ Age _____
_____ Age _____ Age _____

Are you on any other School's waiting list? | Yes | No Specify _____

Are you planning to commit to Far Horizons for one year? 3 yr. cycle Primary or 3 yr. cycle Elem. (circle one)

Has your child attended care programs outside the home? | Yes | No

If Yes; Program Name _____

Attended for _____ months or years

Please explain your perceptions/understanding of Montessori education _____

If applicable, please describe any special concerns or abilities for your child.

When would you like your child to begin attending? _____ Month _____ year | summer

How often will your child use before and/or after care program? | 2 | 3 | 5 days/week

Schedule

Primary 9-2:30 (5days)	Primary MWF 9-2:30	Primary T,Th 9-2:30
Primary 9-12:30	Primary MWF 9-12:30	Primary TTh 9-12:30
Elementary 1 9-2:30pm	Elementary 2 9 – 3pm ages 9-12	

Office Use: Date Received _____ Check # _____ Copy of Check Yes No

Application Fee\$25 | First Month's Payment **Non-Refundable** | Materials Fee\$50 | insurance fee \$9

Admission Date _____ | last month's prepayment (Due Aug. 1st) or upon entering the school,
whichever comes first.

Amount Paid: _____ Initials: _____

Deposits are NON-Refundable