

# The Frost Montessori School



## Application for Admission 2010 – 2011

**\_\_\_ Toddler Classroom**

ages 21 months to 3 years

Child's Age in September 2010

\_\_\_ years \_\_\_ months

**\_\_\_ Children's House**

ages 2.9 years to 6 years

Child's Age in September 2010

\_\_\_ years \_\_\_ months

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

Sex M \_\_\_ F \_\_\_

Name Called \_\_\_\_\_ Date of Birth Mo \_\_\_ Day \_\_\_ Year \_\_\_

Sibling Name(s) and Age(s) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Business Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Father's Name \_\_\_\_\_

Business Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Parents Mailing Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Primary Email \_\_\_\_\_

Previous School's attended and dates \_\_\_\_\_

This application must be accompanied by a \$35.00 APPLICATION FEE which is non-refundable. Receipt of this application indicates an active interest in enrollment and you will be contacted to schedule a visit for your child.

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Date application received \_\_\_\_\_ Date Enrolled \_\_\_\_\_

Check #, \$35.00 paid \_\_\_\_\_ Date Withdrawn \_\_\_\_\_

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Please remit to: The Frost Montessori School  
1553 Delphi Drive  
Charlottesville, VA 22911

phone: (434) 979-5223  
fax: (434) 979-0607