



Please check the program you are interested in for your child in the 2025-2026 School Year.

Toddler Classroom
ages 24 months to 3 years (as of August 31)
____ years ____ months

Children's House
ages 3 years to 6 years (as of August 31)
____ years ____ months

Child's Full Name: _____ Circle One: Male Female _____

Nickname: _____ Date of Birth (mm/dd/year): _____

Sibling Name(s) and Age(s): _____

Parent 1 Full Name: _____

Place of Employment: _____ Position: _____

Address: _____ Cell Number: _____

Parent 2 Full Name: _____

Place of Employment: _____ Position: _____

Address: _____ Cell Number: _____

Mailing Address: _____

Home Telephone Number: _____

Primary email address _____

Previous Schools attended and dates: _____

How did you hear about Frost Montessori School? _____

This application must be accompanied with a **\$40.00 APPLICATION FEE** which is non-refundable.
Receipt of this application indicates an active interest in enrollment. Please call the school to schedule a tour. We will contact you in January regarding admission for the following school year.

Please remit your completed Application with your Application Fee to:

The Frost Montessori School
1553 Delphi Drive
Charlottesville, VA 22911
Attn: Admissions

phone: 434.979.5223
fax: 434.288.1937

Date application received:	Date of Visit:
Application Fee Received:	Date Enrolled:
Date of Tour:	Date Withdrawn: