



Please check the program you are interested in for your child in the 2026-2027 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| Date of Tour:              | Date Withdrawn: |