MAGNOLIA
MONTESSORI SCHOOL
JOYFUL HEARTS, PEACEFUL MINDS

2026-2027

Child is attending the following program (3 full days: T,W, TH), 4 full days, 5 half days, 5 full day options):

The Nido Program (6 weeks-18 months)	**Toddler Program (18 – 36 months)**	**Early Childhood Program (3 – 6 years of age)**
		Kindergarten: 8:30-3:30 _____
School Day: 8:30-3:30 _____	School Day: 8:30-3:30 _____	School Day: 8:30-3:30 _____
Half Day: 8:30-11:30 (M-F only) _____	Half Day: 8:30-11:30 (5 days only) _____	Half Day: 8:30-11:30 _____
Before Care: (7-8:30) _____	Before Care: (7-8:30) _____	Before Care: (7-8:30) _____
LAP 3:30-6:00 (Late Afternoon Program) _____	LAP 3:30-6:00 (Late Afternoon Program) _____	LAP 3:30-6:00 (Late Afternoon Program) _____

Student Information:

Student Name: _____
(Last) (First) (Middle) (Preferred name)

Home Address: _____

Date of Birth: _____ Home Phone: _____

Family Information:

Title (check): Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Prof. ☐ Other: _____

_____
(Father's/Guardian's Name)

_____
(Address)

_____
(City, State, Zip)

_____
(Home Phone #)

_____
(Cell Phone #)

_____
(E-mail Address)

_____
(Employer) (Title)

_____

Title (check): Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Prof. ☐ Other: _____

_____
(Mother's/Guardian's Name)

_____
(Address)

_____
(City, State, Zip)

_____
(Home Phone #)

_____
(Cell Phone #)

_____
(E-mail Address)

_____
(Employer) (Title)

_____

(Address) (Address)

(City, State, Zip) (City, State, Zip)

(Business Telephone) (Extension) (Business Telephone) (Extension)

(Profession) (Profession)

Emergency Contact/Permission for Pick-Up (Other than Parents/Guardians named above):

Name: Phone: Relation:

Address:

Name: Phone: Relation:

Address:

Name: Phone: Relation:

Address:

Siblings

Name: Age: Name: Age:

Name: Age: Name: Age:

WE ARE A NUT FREE SCHOOL. Please list any allergies/dietary restrictions:

In the event that parents cannot be reached, Magnolia Montessori School has my permission to contact Dr. At phone number: . In the event that the physician cannot be reached, Magnolia Montessori School has my permission to seek emergency medical treatment at the nearest hospital.

We affirm that the information provided in this application is true and correct to the best of our knowledge. We acknowledge that failure to disclose fully and/or falsification of information may result in denial of application or, if discovered after the fact, revocation of admission to Magnolia Montessori School.

Parent/Guardian Signature:

Parent/Guardian Signature: