



Princeton Montessori family tour information form

Parent name: _____ Cell phone: _____

Email address: _____ Child's name _____

Child's date of birth: _____ Is your child toilet trained? _____

Has your child attended a school before? _____

If so where: _____

Reason for a change? _____

Expectations for your child? _____

Approximate start date? _____

Desired program:

5 Full day 7:00-6:30

5 School day 8:00-3:00

5 Half day 8:00-12:00

3 Full days 7:00-6:30

3 School days 8:00-3:00

Parent signature: _____

Date: _____

